

<b>Case Number:</b>	CM14-0166818		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year-old patient sustained an injury on 3/24/14 from lifting activities while employed by [REDACTED]. Request(s) under consideration include Retrospective request for a baseline work capacity evaluation with a date of service of 8/27/2014. Diagnoses include right rotator cuff tendinitis, thoracic strain and lumbar myofascial pain. Conservative care has included medications, therapy, home exercise program medial branch blocks, and modified activities/rest. MRI of 6/18/14 to right shoulder showed mild tendinosis without rotator cuff tear, degeneration of biceps tendon and labral complex without tear. EMG/NCS of bilateral lower extremities on 7/10/14 had normal findings. Report noted the patient underwent recent steroid Kenalog/Lidocaine injection to right shoulder on 7/17/14 and recent lumbar medial branch blocks on 8/12/14 without improvement. Report of 8/27/14 noted patient was not working for continued complaints in neck, upper and lower back along with shoulder pain. Exam showed limited range in shoulder with tenderness; 4/5 in right arm with 5/5 in ECR and FDP, and interossei; DTRs 2+ with negative Spurling's, positive Hawkin's. The patient remained with significant symptoms with deficit in work capabilities. Treatment included work hardening program with further PT and medication treatment. The request(s) for Retrospective request for a baseline work capacity evaluation with a date of service of 8/27/2014 was non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for a baseline work capacity evaluation with a date of service of 8/27/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

**Decision rationale:** The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for work hardening program, physical therapy, and medications remaining partially disabled on modified work; however, remained not working. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Retrospective request for a baseline work capacity evaluation with a date of service of 8/27/2014 is not medically necessary and appropriate.