

<b>Case Number:</b>	CM14-0169010		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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:

The injured worker is a 40 year old male with a date of injury on 6/18/2013. The injured worker was in a motor vehicle accident and injured his left shoulder. He ended up needing surgery to the left shoulder, which was done on 1/2/14. The injured worker had post operative physical therapy. There is a note from the orthopedist from 10/2/14. He notes that the injured worker had full range of motion of the shoulder with 5-/5 motor strength. The injured worker was given a steroid injection and was to return in 6 weeks. It was stated that the injured worker would likely be permanent and stationary at that time and he would be returned to work without restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional Capacity Evaluation (FCE)

**Decision rationale:** The request is not supported. The most recent evaluation by the orthopedist showed full range of motion with almost complete strength. He was to return in 6 weeks' time

after which he was likely to be discharged and released to full and unrestricted duty. Given that the orthopedist feels that the injured worker is able to return to full duty work, there is no indication for a functional capacity evaluation (FCE). The functional capacity evaluation (FCE) would only be indicated if a quantitative measurement of the injured worker's work capabilities was needed, and this does not appear to be the case. Given this, the request is non-certified.