

<b>Case Number:</b>	CM14-0182413		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Orthopedic Surgery, 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 is a 61-year-old female with a 3/10/10 date of injury, due to repetitive work. The patient underwent the right shoulder rotator cuff repair. The patient was seen on 11/4/14 with complaints of 4/10 moderate to severe pain, increasing depression and loss of motion of the shoulder with pain on motion. Exam findings revealed positive Spurling's test, decreased range of motion of the cervical spine and tenderness in the paralumbar musculature. The patient's gait was antalgic and she ambulated with a cane. The range of motion of the right shoulder was decreased and there was positive tenderness over the lateral epicondyle and pain with the range of motion of the right elbow. The progress note stated that the patient will be consulted for a spine surgery and that the patient was temporarily totally disabled. The diagnosis is frozen right shoulder, cervical sprain/strain, right elbow lateral epicondylitis, low back pain and neuropathic pain. Treatment to date: right shoulder rotator cuff repair, PT, chiropractic treatments, work restrictions and medications. An adverse determination was received on 10/13/14 for a lack of documentation indicating that the patient failed attempts at returning to work and that the physical demands of the job were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC/Functional Capacity Evaluation (FCE)

**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) Clinical Topics: Chapter 7 Independent Medical Examinations and Consultations (page 132-139). Official Disability Guidelines (ODG) (Fitness for Duty Chapter), FCE

**Decision rationale:** CA MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, there is a lack of documentation indicating the patient's job duties and it is not clear if the patient had unsuccessful attempts to return to work. In addition, there is no documentation from the patient's management indicating that a functional capacity examination was required. Therefore, the request for Functional Capacity Examination (FCE) was not medically necessary.