

Case Number:	CM14-0023749		
Date Assigned:	06/11/2014	Date of Injury:	12/30/2010
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Practice 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:

The injured worker is a 52 year old female who reported an injury to her right shoulder in December 2010. No information was submitted regarding the initial injury. A clinical note dated 02/07/14 indicated the injured worker complaining of pain and stiffness at the right shoulder. The pain had decreased. Tenderness was revealed upon exam at the right shoulder. The injured worker attempted to return to work but was unable to do so. The injured worker was recommended for a functional capacity evaluation in order to assess the level of impairment and determine any necessary work restrictions. A clinical note dated 10/28/13 indicated the injured worker rating her right shoulder pain as 3/10. An x-rays of the right shoulder revealed impingement syndrome. The injured worker complained of decreased strength with internal and external rotation. The procedure note dated 09/23/13 indicated the injured worker undergoing arthroscopic procedure at the right shoulder including Bankart, removal of loose bodies, and lysis of adhesions with subacromial bursectomy. A clinical note dated 09/13/13 indicated the injured worker complaining of right shoulder pain. Range of motion was decreased at the right shoulder. The Utilization Review dated 02/17/14 resulted in a denial for functional capacity evaluation as only one indication of the injured worker failing to return to work was indicated in the clinical documentation submitted for review. Additionally, the injured worker was identified as remaining within a post-surgical window for the healing process.

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

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 Chapter, Functional Capacity Evaluations.

Decision rationale: The clinical documentation indicates the injured worker complaining of right shoulder pain. A functional capacity evaluation is indicated for injured workers who have failed multiple attempts for returning to work or conflicting medical reports have been identified. There is an indication the injured worker has attempted to return to work on one occasion. No other information was submitted regarding additional attempts to return to work. No information was submitted regarding any conflicting medical reports within the chart of the injured worker or the need for a detailed exploration of the ongoing functional deficits. Given this, the request is not indicated as medically necessary based on Official Disability Guidelines (ODG).