

Case Number:	CM14-0026019		
Date Assigned:	06/13/2014	Date of Injury:	04/02/2008
Decision Date:	07/16/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with an injury date of 04/02/08. Based on the 08/21/13 progress report provided by [REDACTED], the patient complains of occasional pain in the right shoulder, but does not desire any further treatment including injections or medications. The patient is currently taking Norco. The patient's diagnoses include the following: Right shoulder rotator cuff tear and tendinitis, status post-surgery x2; by [REDACTED] dated 03/24/09 with subacromial decompression and debridement of rotator cuff tear and by [REDACTED] dated 01/10/11 with open rotator cuff repair for persistent rotator cuff tear. [REDACTED] is requesting for a functional capacity evaluation. The utilization review determination being challenged is dated 01/31/14. [REDACTED] is the requesting provider, and he provided treatment reports from 07/15/13- 02/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations page(s) 132-139.

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) ACOEM guidelines has the following regarding functional capacity evaluations: chapter: 7(p137,139).

Decision rationale: According to the 08/21/13 report by [REDACTED], the patient presents with occasional pain in the right shoulder. The request is for a functional capacity evaluation. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5 (2) (B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. 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. As with any behavior, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." [REDACTED] 01/08/14 report states that "The patient is able to return to her full duty with no restrictions." FCE's are not a good measure determining a patient's ability to work. Given the above the request is not medically necessary.