

Case Number:	CM14-0036025		
Date Assigned:	06/23/2014	Date of Injury:	07/11/2013
Decision Date:	07/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Pain Medicine, has a subspecialty in Pain Medicine 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 62-year-old male with a date of injury on 07/11/13 diagnosed with right shoulder impingement syndrome, acromioclavicular joint osteoarthritis, synovitis, type I SLAP (superior labral anterior and posterior) tear and full thickness rotator cuff tear. Patient has a history of right shoulder arthroscopy, synovectomy, extensive debridement, lysis of adhesions, arthroscopic subacromial decompression, arthroscopic distal clavicle excision, and arthroscopic rotator cuff repair performed on 04/23/14. Conservative treatment has included physical therapy, activity modification, and medications. A request for physical medicine functional capacity evaluation upper extremities was non-certified at utilization review on 03/13/14 secondary to a lack of discussion regarding return to work plan, previous attempts at returning to work or description of job duties. On 03/18/14 a request for reexamination of utilization review noted that the prior utilization review was not completed on time and is therefore invalid. It was also reported only one progress note was reviewed for this request. Primary treating physician progress report dated 02/26/14 revealed the patient complained of intermittent moderate to severe pain in the right shoulder described as sharp. Pain was aggravated by raising the arm and overuse. Patient reported complaints of occasional pain to the right wrist and hand with tingling, numbness and weakness in the right hand and wrist. Objective findings demonstrated +3 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. Speed's test was positive on the right. Supraspinatus test was positive on the right. Neurological examination of the bilateral upper extremities was within normal limits. There was +2 spasm and tenderness to the right posterior extensor tendon, right anterior wrist and right thenar eminence. Tinel's test was positive on the right. Bracelet test was positive on the right. Phalen's test was positive bilaterally. It was reported that the patient was evaluated by an orthopedic surgeon for right shoulder surgery and is

awaiting authorization. Acupuncture therapy was recommended. Medications were prescribed including compounded topical creams. Psychological screening was recommended. Functional improvement measures through a functional capacity evaluation was recommended in order to demonstrate improvement of function or maintenance of function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine functional capacity evaluation upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator 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 Examination and Consultations, pg. 137-138 and Official Disability Guidelines (ODG), Fitness for Duty Chapter.

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 Examination and Consultations, pg. 137-138.

Decision rationale: ACOEM criteria notes that although functional capacity evaluations are widely promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Documentation provided for review does not describe a specific occupation for which job duties exist or questioned whether patient is musculoskeletally capable to perform these job duties, nor is there documentation of failure of return to work attempts to support the medical necessity of a Functional Capacity Evaluation. There is no indication the patient is nearing maximum medical improvement (MMI), and in fact the patient was awaiting authorization for recommended surgical intervention. The treating physician indicates this evaluation was recommended in order to demonstrate improvement of function or maintenance of function; however, this can be monitored through routine office visits and appropriate physical examinations performed by the treating physician. The medical necessity for a functional capacity evaluation is not established and this request is not medically necessary.