

Case Number:	CM14-0038018		
Date Assigned:	06/25/2014	Date of Injury:	05/01/1995
Decision Date:	07/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 68-year-old male who was injured on 05/01/1995. The mechanism of injury is unknown. The diagnostic studies reviewed include MRI (magnetic resonance imaging) of the right shoulder dated 12/05/2013 revealed a full thickness incomplete supraspinatus tendon tear; fraying of the glenoid labrum; mild acromioclavicular arthrosis; mild glenohumeral arthrosis; coronoid-lesser tuberosity impingement; intracapsular effusion; and subacromial bursitis. On office visit dated 03/05/2014, the patient is noted to be asymptomatic. He completed an electromyography (EMG) of the upper extremities, which revealed mild carpal tunnel syndrome on the left. The patient reported therapy and Naproxen helps his pain. On exam of the right shoulder, there is no evidence of previous surgical intervention. The patient has tenderness to palpation of the right upper trapezius, right rhomboid, right bicipital groove and right glenohumeral joint. Range of motion on the right in abduction is 170/180; flexion 170/180; extension 40/50; adduction 35/40; internal rotation 75/80; and external rotation 80/90. There is positive impingement, crepitus and empty Can's test on the right. The right hand/wrist revealed tenderness to palpation of the right carpal bones. Range of motion on the right is within normal limits. There is positive carpal Tinel's and Phalen's test on the right. The right elbow reveals tenderness to palpation of right medial epicondyle, right lateral epicondyle, and right olecranon. The diagnoses are right shoulder impingement syndrome, right lateral epicondylitis, right medial epicondylitis, right carpal tunnel syndrome, and rule out cervical discopathy. It is recommended the patient receive a Functional Capacity Evaluation (FCE) to assess the patient's function. Prior utilization review dated 03/27/2014 states the request for Functional Capacity Evaluation, Qty: 1, is not authorized as it is not medically necessary and this evaluation is not used to determine permanent and stationary status alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical performance test (Functional Capacity Evaluation), Qty: 1:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pgs. 137-8, and Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to ACOEM guidelines, "there is little scientific evidence confirming that Functional Capacity Evaluation (FCE) predict an individual's actual capacity to perform in the workplace..." According to the Official Disability Guidelines (ODG), FCE is recommended prior to a Work Hardening Program. FCE is not recommended for routine use in occupational rehab or screening or generic assessments of fitness for duty. This is a request for a FCE on 3/5/14, apparently to aid in making the patient permanent and stationary. The patient is a 68-year-old male injured on 5/1/95 diagnosed with right shoulder impingement, right elbow medial and lateral epicondylitis, and right carpal tunnel syndrome. However, a Quantitative FCE was already performed on the patient on 12/3/13 as part of a work conditioning program. Another Quantitative FCE was performed on 2/25/14. Further, FCE's are not recommended for the purpose of permanent and stationary evaluations. As such, the medical necessity for additional FCE is not established, the request is not certified.