

<b>Case Number:</b>	CM14-0039091		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/30/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 50 year old male whose date of injury is 06/30/12 when he injured his left shoulder, while trying to move a food cart that was stuck. The injured worker is status post left shoulder arthroscopy x 2 on 10/12/12 and more recently on 07/05/13. The injured worker participated in postoperative physical therapy. The progress report dated 02/03/14 notes that the injured worker rates his left shoulder pain at 4/10. Objective findings revealed left shoulder range of motion with flexion to 180 degrees; extension 50; abduction 170; adduction 50; rotation 45. All movements are non-painful, and the shoulder is non-tender. The injured worker was seen on 02/24/14 for ortho follow-up and feels his shoulder is much better at this time but does have a few residual complaints of numbness in the median nerve distribution and trapezius pain. On examination there is full range of motion of the shoulder other than a slight decrease in external and internal rotation. The biceps are intact and the rotator cuff is intact. The injured worker feels he is ready to return to his normal work and the orthopedist is in full agreement. The injured worker was discharged from ortho. The progress report dated 03/03/14 noted that physical examination is unchanged from the last visit on 02/03/14. A functional capacity evaluation (FCE) was requested before proceeding to P&S or discharge.

### 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 cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

**Decision rationale:** It may be necessary to obtain a more precise delineation of worker capabilities than is available from the history and physical examination. A formal functional capacity evaluation may be useful in this regard, although the results are often complicated by self-limiting behavior or what individuals are willing to do, a measure of activity tolerance rather than capacity. However, there is little scientific evidence that FCE's are predictive of an individual's actual capacity to perform specific work tasks. Scientific evidence on validity and reliability is limited so far. FCE is not necessary for determining permanent and stationary / maximum medical improvement status. Based on the clinical information provided, medical necessity has not been established. Such as, the Functional Capacity Evaluation (FCE) is not medically necessary.