

<b>Case Number:</b>	CM14-0047970		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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:

There were 77 pages provided for this review. There was the initial utilization review from April 9, 2014. Per the records provided, the claimant was described as a 47-year-old man who was injured on March 16, 2009. The mechanism of injury was not provided for the review. He was however status post left shoulder surgery. The PR-2 from February 12, 2014 indicated that he was status post a left shoulder rotator cuff repair and acromioplasty for subacromial decompression on June 14, 2013. He was treated conservatively for the bilateral knees and chronic low back pain. He reportedly never had any postoperative physical therapy and was doing exercises on his own. On exam, he had satisfactory range of motion, regarding, diminished rotator cuff strength and borderline impingement. The request for the left shoulder postoperative therapy was pending at the time of the functional capacity evaluation (FCE) request. The plan was to continue medicines and also a functional capacity evaluation was recommended. The reason for an FCE prior to commencing rehabilitation therapy is not clear.

### 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): Fitness for Duty, Functional Capacity Evaluation (FCE) section

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back, under FCE

**Decision rationale:** Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, 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. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the cases' relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request is not medically necessary.