

Case Number:	CM14-0052370		
Date Assigned:	07/07/2014	Date of Injury:	06/25/2013
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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. 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 48 year old male who reported an injury to his left shoulder. The clinical note dated 09/26/13 indicates the injured worker complaining of 10/10 pain at the left shoulder. There is an indication the injured worker attempted to return to work with full duty but was unable to complete the objective. The injured worker was utilizing Nabumetone and polar frost gel. Upon exam, tenderness was identified at the left acromioclavicular joint (AC) joint. Tenderness was also identified at the deltoid. The MRI of the left shoulder dated 10/07/13 revealed a full thickness tear of the supraspinatus. The clinical note dated 10/22/13 indicates the injured worker continuing with shoulder pain. The injured worker stated the initial injury occurred when a piece of rebar fell onto the left shoulder from an overhead position. The injured worker reported an immediate and sudden onset of pain throughout the left shoulder. The injured worker continued to rate the pain as 5/10. The injured worker stated the pain is constant in nature. The clinical note dated 12/17/13 indicates the injured worker continuing with persistent symptoms at the left shoulder. The injured worker described the pain as a dull throbbing sensation that occasionally wakes him at night. There is an indication that the injured worker has demonstrated 3+/5 strength at the left internal and external rotators.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138, Chapter 7 Page 132-139.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation: Functional Capacity Evaluation.

Decision rationale: A functional capacity evaluation is indicated for injured workers who have undergone a prior unsuccessful return to work attempt; conflicting medical reports are identified in the submitted documentation; or injuries require a detailed exploration of the worker's abilities. There is an indication the injured worker attempted to return to work; however, it appears the result was an increase in pain. No information was submitted regarding the injured worker's objective functional deficits identified as a result of the prior return to work. Therefore, it does not appear that the injured worker would likely benefit from a functional capacity evaluation at this time. Additionally, it is unclear as to the purpose of the functional capacity evaluation as no information was submitted in the documentation regarding inclusion into a multidisciplinary program following the evaluation. The request for functional capacity evaluation is not medically necessary.