

Case Number:	CM14-0079318		
Date Assigned:	07/18/2014	Date of Injury:	12/15/2011
Decision Date:	08/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 Orthopedic Surgery 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 59-year-old male laborer sustained an industrial injury on 12/15/11. The mechanism of injury was not documented. The patient is status post right shoulder arthroscopy with subacromial decompression, acromioplasty, rotator cuff debridement, and mini Mumford on 1/29/14. The patient attended post-operative physical therapy. The 3/25/14 treating physician report cited decreased neck and right shoulder pain since the last visit. Pain was reported grade 4-6/10 and medications helped with the pain. The patient is unable to tolerate work activities and activities of daily living remain unchanged. The patient was tolerating physical therapy. Physical exam documented cervicothoracic hypertonicity, spasms, tenderness, and trigger points. Right shoulder exam documented positive Hawkin's shoulder crossover, empty can, and Jobe's tests. There was acromioclavicular joint and greater tubercle tenderness. The grip strength was 20/20/18 kg right and 18/18/16 kg left. The right shoulder strength was 4/5. The deep tendon reflexes were symmetrical, decreased at the Achilles bilaterally. Sensation was intact. The right shoulder range of motion was flexion 120, extension 30, abduction 140, adduction 40, and internal/external rotation 70 degrees. The patient was referred for functional capacity evaluation. The patient was able to return to modified duty with work restrictions outlined. Records suggested the employer was unable to accommodate modified duty. The 4/29/14 utilization review denied the request for a functional capacity evaluation as the documentation did not meet the criteria for functional capacity evaluation relative to fitness for duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Functional capacity evaluation (FCE) and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 137-138.

Decision rationale: The ACOEM guidelines state that there is little evidence that functional capacity evaluations (FCE) predict an individual's actual capacity to perform in a workplace citing that an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances. The Official Disability Guidelines support the use of an FCE when the patient is close to or at maximum medical improvement and the worker is actively participating in determining the suitability of a particular job. Guidelines support consideration of an FCE when case management is hampered by prior unsuccessful return to work attempts or conflicting medical reporting on precautions and/or fitness for a modified job. Guideline criteria have not been met. There is no documentation of failed return to work attempts or conflicting medical reports. Records indicate that modified work is not available with this employer. The patient is within the post-surgical treatment period. There is no evidence that he has completed post-operative physical therapy and is close to maximum medical improvement. Given the failure to meet guideline criteria, this request for functional capacity evaluation is not medically necessary.