

Case Number:	CM14-0163691		
Date Assigned:	10/08/2014	Date of Injury:	06/15/2013
Decision Date:	04/07/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old male sustained a work related injury on 06/15/2013. According to a Qualified Medical Re-evaluation dated 09/12/2014, the injured worker complained of minimal pain. He occasionally took pain medication but his shoulder was much improved. He felt comfortable going back to his full duties. Range of motion was decreased in the left shoulder. The shoulder had negative impingement testing. Sulcus testing was negative. Apprehension testing was negative. Diagnoses included status post left shoulder rotator cuff repair with subacromial decompression. According to the provider, the injured worker was able to perform his usual and customary duties. On 09/12/2014, Utilization Review non-certified 1 Functional Capacity Evaluation. According to the Utilization Review physician, a functional capacity evaluation in order to assess the injured worker's return to work environment was not indicated at this time. As the injured worker has already achieved a return to full work duty and case management did not appear to be hampered by complex issues, this evaluation is unwarranted. There was no notation of admission to a work hardening program, nor has an ergonomic assessment been arranged. Guidelines cited for this review included Official Disability Guidelines Fitness for Duty. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FCE (functional capacity evaluation): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The injured worker is being treated following left shoulder rotator cuff repair with subacromial decompression in addition to cervical sprain. Prescription medications include tramadol 50 mg, Naprosyn 550 mg and omeprazole 20 mg. Overall postoperative pain has improved however there remains impairment and left shoulder range of motion. Records indicate the patient will return to full duty. Request has been made for functional capacity evaluation to assess for return to work environment. ODG guidelines indicate functional capacity evaluation is not recommended for generic return to work assessments but rather for preadmission to a work hardening program. Records do not indicate delineation of a job specific evaluation; instead, request appears to be more related to a generic assessment for return to work. Request for functional capacity evaluation is therefore not medically necessary.