

Case Number:	CM14-0187205		
Date Assigned:	11/17/2014	Date of Injury:	10/19/2012
Decision Date:	01/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/10/2014

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:

Injured worker is a female with date of injury 10/29/2014. Per primary treating physician's progress report dated 5/16/2014, the injured worker continues to improve after her surgery for the left shoulder. On examination of the lumbar spine and thoracic spine, kyphotic deformity in the upper thoracic region is noted. Gait is normal. There is no tenderness in the parathoracic musculature, the posterior superior iliac spine region, the SI joints, and the paralumbar musculature. Motor testing is 5/5 to all muscle groups of lower extremities. Walking on toes and heels is performed without difficulty. Deep tendon reflexes at bilateral ankles and knees is 2+. Range of motion in the lumbar spine is normal in all planes, but there is pain on full flexion. Straight leg raise is negative in the supine and sitting positions bilaterally. Neurovascular status of the bilateral lower extremities is intact. Left shoulder exam reveals wounds are clean and dry and sutures are intact. Neurovascular status is intact in the left shoulder. There is muscle weakness in the left shoulder. Range of motion of the left shoulder is normal except abduction 120 degrees, forward flexion 120 degrees, and external rotation 20 degrees. Diagnoses include 1) status post left shoulder arthroscopy, biceps tenodesis, subacromial decompression 2) frozen shoulder, let shoulder 3) status post left shoulder arthroscopy, subacromial decompression and AC joint resection 4) thoracic strain 5) lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Functional Capacity Evaluation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125, 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation (FCE) section

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to consider an FCE if 1) case management is hampered by complex issues such as: prior unsuccessful RTW attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities 2) timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. It is recommended to not proceed with an FCE if 1) the sole purpose is to determine a worker's effort or compliance 2) the worker has returned to work and an ergonomic assessment has not been arranged. The clinical note provided for review, and review of the utilization review dated 10/10/2014, do not provide any indication that the injured worker is to be evaluated for a work hardening program or that the injured worker has failed return to work attempts after reaching maximum medical improvement. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines or the ODG. The request for functional capacity assessment is determined to not be medically necessary. The clinical note provided for review, and review of the utilization review dated 10/10/2014, do not provide any indication that the injured worker is to be evaluated for a work hardening program or that the injured worker has failed return to work attempts after reaching maximum medical improvement. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines or the ODG. The request for functional capacity assessment is determined to not be medically necessary.