

<b>Case Number:</b>	CM14-0188706		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine and Rehabilitation 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 48 year-old patient sustained an injury on 10/29/12 while employed by [REDACTED]. Request(s) under consideration include Functional Capacity Evaluation. Diagnoses include Left shoulder disorder s/p arthroscopy with biceps tenodesis, SAD, debridement of partial labral tear on 5/2/13; Cervical, Thoracic, and Lumbar strain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 9/17/14 from the provider noted the patient with chronic ongoing symptoms doing significantly better with 80% improvement since surgery in May; the patient noted some pain over the scar area. Exam showed diffuse tenderness over the paracervical musculature; positive deformity in the upper thoracic region; left shoulder with well-healed scar with tenderness to palpation; shoulder range in flex/abd were 170/160 degrees. Treatment included continued medications with refills and referral to dermatology for scar assessment. The patient returned to full duty. The request(s) for Functional Capacity Evaluation was non-certified on 10/10/14 citing guidelines criteria and lack of medical necessity.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

**Decision rationale:** This 48 year-old patient sustained an injury on 10/29/12 while employed by [REDACTED]. Request(s) under consideration include Functional Capacity Evaluation. Diagnoses include Left shoulder disorder s/p arthroscopy with biceps tenodesis, SAD, debridement of partial labral tear on 5/2/13; Cervical, Thoracic, and Lumbar strain. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 9/17/14 from the provider noted the patient with chronic ongoing symptoms doing significantly better with 80% improvement since surgery in May; the patient noted some pain over the scar area. Exam showed diffuse tenderness over the paracervical musculature; positive deformity in the upper thoracic region; left shoulder with well-healed scar with tenderness to palpation; shoulder range in flex/abd were 170/160 degrees; negative Spurling's; DTRs 2+; 4/5 motor abduction otherwise is 5/5 throughout with negative Hawkin's, O'Brien's, Neer's and Speed's testing. Treatment included continued medications with refills and referral to dermatology for scar assessment. The patient returned to full duty. The request(s) for Functional Capacity Evaluation was non-certified on 10/10/14. The patient continues to treat for ongoing symptoms with further plan for medical treatment. It appears the patient has not reached maximal medical improvement and continues to treat for pain symptoms for this chronic injury of 2012. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat; however, has returned to work full duty. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions; however, request has not been medically established as the patient is working full duty. The Functional Capacity Evaluation is not medically necessary and appropriate.