

Case Number:	CM14-0189995		
Date Assigned:	11/21/2014	Date of Injury:	10/22/2012
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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:

The injured worker is a 33-year-old female, with a reported date of injury of 10/22/12. The diagnoses include bilateral shoulder tendonitis/bursitis secondary to overuse; adhesive capsulitis of the right shoulder; status post right shoulder arthroscopic decompression and partial distal claviclectomy; and status post left shoulder arthroscopic subacromial decompression and partial distal claviclectomy on 05/02/2014. Treatments have included physical therapy for the left shoulder; Tramadol 150mg as needed; Xanax 1 mg for sleep as needed; Ketoprofen cream; Gabapentin cream; and Tramadol cream. The comprehensive orthopedic re-evaluation dated 10/21/2014 indicated that the injured worker had progressed in physical therapy for her left shoulder. She complained of moderate neck pain, mild right shoulder pain, and moderate left shoulder pain. The injured worker also complained of difficulty sleeping due to pain in the shoulders and neck. She was not working, and participated in land and pool therapy. The therapy was scheduled for the following six weeks. The right shoulder examination showed flexion at 170 degrees, abduction at 160 degrees, extension at 40 degrees, internal rotation at 80 degrees, and external rotation at 90 degrees. The left shoulder examination showed flexion at 140 degrees, abduction at 130 degrees, extension at 40 degrees, internal rotation at 80 degrees, and external rotation at 90 degrees. The injured worker rated the pain on the right 1 out of 4, and the pain on the left 2 out of 4. The treating physician requested a functional capacity evaluation to determine what the injured worker's capabilities were, because she was terminated from her previous job, and was going to have to retrain for another job, with restrictions. The medical records provide evidence that the injured worker had a toxicology test on 10/21/14 and 7/29/14. The injured worker remained temporarily totally disabled for six (6) weeks. On 11/07/2014, Utilization Review (UR) denied the request for one (1) functional capacity evaluation, as an outpatient, related to shoulder symptoms. The UR physician cited the ACOEM guidelines, and

noted that there was no documentation of any failed prior return to work attempts or documentation that the injured worker had returned to work with restriction. The UR physician also noted that the subjective and objective findings do not show that the injured worker was close to maximal medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): table 9-2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: The 33-year-old female has reported date of injury of 10/22/12. Diagnoses include bilateral shoulder tendonitis/bursitis secondary to overuse; adhesive capsulitis of the right shoulder; status post right shoulder arthroscopic decompression and partial distal claviclectomy; and status post left shoulder arthroscopic subacromial decompression and partial distal claviclectomy on 5/2/14. Conservative treatments have included physical therapy for the left shoulder; Medications (Tramadol 150mg as needed; Xanax 1 mg for sleep as needed; Ketoprofen cream; Gabapentin cream; and Tramadol cream), and modified activities/rest. The comprehensive orthopedic re-evaluation dated 10/21/14 indicated that the injured worker had progressed in physical therapy for her left shoulder; however, has complaints of moderate neck pain, mild right shoulder pain, and moderate left shoulder pain along with difficulty sleeping due to pain in the shoulders and neck. She remained off work and has been participating in land and pool therapy. The therapy was scheduled for an additional six weeks. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient underwent recent shoulder surgery and continues to treat for ongoing significant symptoms with further plan for therapy and medical interventions, remaining temporarily totally disabled without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. 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 and is disabled. 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. The Functional capacity evaluation, as an outpatient is not medically necessary and appropriate.