

Case Number:	CM14-0190730		
Date Assigned:	11/24/2014	Date of Injury:	06/18/2013
Decision Date:	01/23/2015	UR Denial Date:	10/15/2014
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 Family Practice, and is licensed to practice in North Carolina. 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 claimant had a date of injury of 6/8/2013. The mechanism of injury is described as cumulative trauma. Diagnoses include right shoulder impingement syndrome, rule out rotator cuff tear, right ulnar neuritis, history of bilateral carpal tunnel release with recurrent carpal tunnel syndrome. Treatment has included right arthroscopic surgery, post-operative physical therapy and medications. The requests are for FCE of right shoulder and right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE for the right shoulder and the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FCE Page(s): 48.

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, FCE

Decision rationale: The CA MTUS is silent on the issue of functional capacity evaluation. ODG cautions that a functional capacity evaluation is most helpful if the worker is actively participating in finding a job and not as effective if it is less collaborative and more directive. Job specific directives are more helpful than general assessments. ODG instructs that one should

consider an FCE if there have been prior unsuccessful return to work attempts, if there are conflicting medical assessments of precautions or fitness for a modified job or injuries that require a detailed exploration of a workers capacity. Additionally, the worker should be close to or at MMI. In this case, there have been no prior return to work attempts and there are no conflicting medical reports on any modified job capacities. The request is a general request to assess possible return to some type of job rather than any specific job. As such, the ODG criteria for considering an FCE are not met and their original UR decision is upheld.