

Case Number:	CM14-0193814		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2013
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 has a subspecialty in Interventional Spine 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 patient is a 61-year old male with an injury date of 03/20/13. The 08/07/14 Orthopedic Consultation report states that the patient presents with persistent bilateral shoulder pain. Left shoulder pain is improved significantly post arthroscopy (11/25/13); however, the right shoulder has not. The patient also presents with lower back pain radiating to the right lower extremity. The patient is not working. Examination of the bilateral shoulders shows tenderness on palpation about the biceps tendon and the acromioclavicular joint. Supraspinatus and impingement maneuvers are positive for the right shoulder. The patient's diagnoses include: 1. S/p left subacromial decompression and Mumford procedure and rotator cuff repair (11/25/13)2. Right shoulder impingement syndrome with acromioclavicular joint pain-accepted the 11/25/13 operative report left shoulder arthroscopy is included. The utilization review being challenged is dated 11/06/14. Reports were provided from 11/25/13 to 08/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified functional capacity evaluation for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, pages 137-138; and the Non-MTUS Official Disability Guidelines: Fitness for Duty chapter

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) ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: The patient presents with bilateral shoulder pain right greater than left and lower back pain radiating to the right lower extremity. The physician requests for Qualified Functional Capacity Evaluation for the Right Shoulder per unknown date. ACOEM Guidelines Chapter 7 page 137 states, the examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. The reports provided do not discuss this request. Two Interim Qualified Functional Capacity Evaluation reports dated 01/07/14 and 06/27/14 are included. The physician does not discuss these reports. Per the 08/07/14 report the physician also states the belief that the patient requires right shoulder surgery. There is no evidence that the employer or claim administrator did not request this evaluation nor does the physician explain why this request is crucial. There is no evidence that the patient is preparing to return to work or that the employer is concerned at this time about the patient eventual return to duty. FCE's cannot predict a patient's actual capacity. In this case, the request is not medically necessary.