

<b>Case Number:</b>	CM14-0202808		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/22/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old male patient, who sustained an industrial injury on 10/22/2011. The initial first report of occupational illness report dated 10/22/2011 reported subjective complaint of right shoulder pain. He has used oral medication, rest, and physical therapy without relief of symptom. The plan of care involved obtaining magnetic resonance imaging of right shoulder, attending acupuncture for 6 weeks, using ice for comfort; along with the use of a transcutaneous nerve stimulator unit. He was prescribed a compound cream for topical application.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity exam:** Upheld

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

**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) Chapter7, p63-64.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for chronic right shoulder pain. When seen by the requesting provider, authorization for additional testing and physical therapy were requested. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, the claimant has been referred for additional testing and physical therapy treatments. He is therefore not considered at maximum medical improvement and requesting a Functional Capacity Evaluation at this time is not medically necessary.