

Case Number:	CM14-0207193		
Date Assigned:	12/19/2014	Date of Injury:	10/16/2013
Decision Date:	02/17/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 61 year old patient with date of injury of 10/16/2013. Medical records indicate the patient is undergoing treatment for degenerative changes of right acromioclavicular joint with subacromial joint space narrowing, tendonosis of right supraspinatus tendon, probable tear of right superior glenoid labrum, focal body cystic reactive changes of right humerus. Subjective complaints include right shoulder pain rated 8-9/10. Objective findings include right shoulder exam reveals no scars, deformity, atrophy or edema; right shoulder range of motion - flexion 110, extension 40, abduction 120, adduction 40, internal rotation 90, external rotation 45; tenderness to palpation of right AC joint and subacromial bursa; positive Hawkins and Neer's over right shoulder. MRI of right shoulder dated 10/27/2014 revealed degenerative changes of right acromioclavicular joint with subacromial joint space narrowing, likely contributing to impingement; tendinosis of the right suprapinatus tendon; small probably tear of right superior glenoid labrum; tiny subcentimeter local bony cystic reactive changes of the right humerus and minimal right shoulder joint effusion. EMG/NCS dated 09/25/2014 revealed significant electrophysiological evidence consistent with cervical radiculopathy process involving C7 nerve roots on the right; significant electrophysiological evidence consistent with moderate to severe demyelinating polyneuropathic process involving both sensory and motor nerve fibers of the upper extremities; loss of sensory axons at this time. Treatment has consisted of Ibuprofen, Omeprazole, and Tramadol. The utilization review determination was rendered on 11/28/2014 recommending non-certification of Prospective request for 1 functional capacity evaluation of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 functional capacity evaluation of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: ACOEM guidelines state "Consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability". Additionally, "It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." Progress notes by the treating physicians indicate this patient is working and have no indication that additional delineation of the patient's capabilities are necessary to determine return to work. ODG further specifies guidelines for functional capacity evaluations "Recommended prior to admission to a Work Hardening (WH) Program.", "An FCE is time-consuming and cannot be recommended as a routine evaluation.", "Consider an FCE if 1. Case management is hampered by complex issues such as: - Prior unsuccessful RTW attempts. - Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: - Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified." The medical documents provided do not indicate that any of the above criteria were met. As such, the request for Prospective request for 1 Functional Capacity Evaluation of the right shoulder is not medically necessary.