

<b>Case Number:</b>	CM14-0207866		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/02/2007
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 36-year-old male with a date of injury of September 2, 2007. Results of the injury include right shoulder pain. Diagnosis include right shoulder sprain/strain and status post right shoulder arthroscopy. Treatment has included medications and physical therapy without result. Magnetic Resonance Imaging of the right shoulder dated September 14, 2012 revealed evidence of impingement with down sloping of the acromion process impinging on the supraspinatus tendon and the rotator cuff. Progress report dated January 6, 2015 showed a positive impingement test with tenderness of the rotator cuff. Work status was noted as modified. Treatment plan included chiropractic treatment and right shoulder ultrasound guided injection. Utilization review form dated November 13, 2014 non certified functional capacity evaluation due to noncompliance with MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty Chapter, FCE

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, Functional Capacity Evaluations

**Decision rationale:** The patient presents with right shoulder pain and right elbow pain. The request is for a Consult Functional Capacity Evaluation. The report with the request is not provided. The MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, 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 maybe ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace. It is unknown if the request is from the employer or the treating physician. There is no indication of the patients current work status. There are no discussions provided regarding the goals of a functional capacity evaluation. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. The requested consult functional capacity evaluation is not medically necessary.