

Case Number:	CM15-0006265		
Date Assigned:	01/21/2015	Date of Injury:	05/17/2011
Decision Date:	03/16/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/12/2015

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 was a 54 year old female, who sustained an industrial injury, May 17, 2011. On November 12, 2014, the injured workers chief complaint was severe neck pain, right shoulder pain with upper are swelling and right wrist. The injured worker was diagnosed with right shoulder persistent pain, right shoulder possible rotator cuff tear, status post mini open rotator cuff repair, subacromial decompression with partial acromioplasty and debridement. The injured worker also had a manipulation under anesthesia, January 9, 2014. The injured worker's treatment consisted of two right shoulder procedures, Naproxen and home exercise program. On November 12, 2014, the treating physician requested a functional Capacity Evaluation, due to right shoulder pain, swelling to upper are and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

chapter, Functional capacity evaluation (FCE) ACOEM guidelines, Chapter 7, has the following regarding functional capacity evaluations

Decision rationale: Based on the 11/12/14 progress report provided by treating physician, the patient presents with pain to the neck, right shoulder pain with upper arm swelling and right wrist pain. The request is for FUNCTIONAL CAPACITY EVALUATION. The patient is status post mini open rotator cuff repair, date unspecified with significant residual pain. Per Request for Authorization form dated 10/09/14, treater is requesting "appeal for right shoulder arthroscopy repair as necessary" for the diagnosis of "status post right shoulder arthroscopy open repair of cuff SAD." The patient may work modified duty with restrictions. ACOEM Guidelines Chapter 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 no significant evidence to confirm that FCEs predict an individual s actual capacity to perform in a workplace. ODG Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." Treater has not specified a reason for the request. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Functional capacity evaluations are recommended by ODG guidelines as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM guidelines do not support FCE to predict an individual s work capacity. In this case, the treating physician does not explain why FCE is crucial, and it does not appear that the request is being made by the employer or the claims administrator. Therefore, the request IS NOT medically necessary.