

Case Number:	CM15-0010631		
Date Assigned:	01/28/2015	Date of Injury:	01/20/2011
Decision Date:	04/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland

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

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 61-year-old female, who sustained an industrial injury on 1/20/2011. The diagnoses have included left shoulder impingement syndrome, left supraspinatus tear, peri arthritis shoulder and other specified disorders of bursae and tendons in the shoulder region. Treatment to date has included left shoulder surgery on 9/7/2012 and 12/12/2013 and physical therapy. According to the Primary Treating Physician's Progress Report dated 8/6/2014, the injured worker was doing well status post left shoulder surgery performed on 12/12/2013; she was not taking any pain medications. She was currently doing therapy. The injured worker reported that her range of motion had improved but she still had weakness in her shoulder. Physical exam revealed slight edema of the left shoulder. There was a healing surgical scar. There was tenderness at the incision site and pain with range of motion. Authorization was requested for a Functional Capacity Evaluation. On 12/23/2014, Utilization Review (UR) non-certified a request for a Functional Capacity Evaluation to determine safe work capacity. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity examination to determine safe work capacity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional capacity examination to determine safe work capacity.

Decision rationale: Functional capacity examination to determine safe work capacity is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to 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. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. There are no documents revealing complex work issues or prior return to work attempts. It is unclear why the patient needs an FCE. The 11/19/14 document is clear on the patient's job description, duties and it is unclear why the providing physician cannot extrapolate from this information and the physical exam findings what work capacity would be appropriate for this patient. The request for a functional capacity examination is not medically necessary.