

<b>Case Number:</b>	CM15-0144633		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: 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 65 year old female, who sustained an industrial injury on 12-06-2010. The injured worker was diagnosed as having left shoulder pain. Treatment to date has included diagnostics, left shoulder surgery x3 (most recent 6-2014), and medications. On 6-16-2015, the injured worker complained of left shoulder pain, rated 4 out of 10 with medications and 10 out of 10 without. Activity level was unchanged and she was taking medications as prescribed. Medications included Trazodone, Voltaren gel, Norco, Naprosyn, and Orphenadrine. The treatment plan included a Functional Capacity Evaluation. She was to start psychology visits. She was to follow-up with an orthopedic surgeon and discusses shoulder injection, noting concern for osteonecrosis. Her work status was documented as retired as of 12-21-2014. The orthopedic report (5-27-2015) noted a plan for diagnostic arthroscopy with her wish to proceed with surgical intervention.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 137-138, Chronic Pain Treatment Guidelines Functional Capacity

Evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty, Functional Capacity Evaluation.

**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) Chapter 7, p63-64.

**Decision rationale:** The claimant sustained a work-related injury in December 2010 and is being treated for left shoulder pain. The claimant retired in December 2014. When seen, medications were working well. There was a BMI of over 31. There was left shoulder tenderness with decreased range of motion with positive impingement testing and decreased strength. Psychological treatment was pending. Recommendations included surgical follow-up. A Functional Capacity Evaluation is an option for select patients with chronic pain. However, in this case, psychological treatments are pending and the claimant has retired. There is no planned return to work. A Functional Capacity Evaluation is not medically necessary.