

<b>Case Number:</b>	CM15-0147425		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 23, 2013. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a functional capacity evaluation. A June 19, 2015 progress note was referenced in the determination. The claims administrator contented that the applicant had already returned to regular work as of that date. The claims administrator did not seemingly incorporate any guidelines into its report rationale. The applicant apparently underwent the FCE in question on July 23, 2015, despite the adverse Utilization Review determination. The results of said FCE were not clearly reported. In a progress note dated June 20, 2015, it was suggested in one section that the applicant had been working regular duty since September 2014, despite ongoing complaints of neck and shoulder pain. At the conclusion of the report, the attending provider stated that the applicant could continue with her usual and customary work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation (FCE): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** No, the functional capacity evaluation apparently performed on July 23, 2015 was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant had already returned to regular duty work, it was reported on the June 20, 2015 progress note, referenced above. The applicant had been working and tolerating regular duties since late 2014, the treating provider reported on that date. The applicant's already successful return to regular work, thus, seemingly obviated the need for the functional capacity evaluation in question. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that an FCE may be required as a precursor to enrollment in a work hardening program, here, there was no mention of the applicant's considering or contemplating enrollment in a work hardening program. The applicant's already successful return to regular work, thus, effectively obviated the need for the FCE in question. Therefore, the request was not medically necessary.