

Case Number:	CM15-0148235		
Date Assigned:	08/11/2015	Date of Injury:	10/25/2013
Decision Date:	09/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	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: California

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 50 year old female who sustained an industrial injury on 10-25-13. Her initial symptoms and nature of her injury are not available for review. In January 2015, records indicate that the injured worker continued to complain of right shoulder pain. Her diagnoses included (1) Other affections of the right shoulder region, not elsewhere classified (2) Rotator cuff sprain (3) Unspecified disorder of muscle, ligament, fascia and (4) Disorders of bursae and tendons in the right shoulder region, unspecified. Her treatment plan indicated that the injured worker declined surgery on her right shoulder and stated "it is felt that it is time to move her on to maximum medical improvement". A functional capacity evaluation was recommended at that time to "delineate how bad the shoulder truly is, so we can give her appropriate rating". The functional capacity evaluation was completed on 2-3-15. According to the February 2015 records, the functional capacity evaluation reports that the injured worker was "only performing approximately 78% of her job description". She was instructed to avoid overhead lifting or reaching. She was also instructed on weight lifting restrictions. The treatment plan recommendations included right shoulder surgery, which would require preoperative medical clearance, post-operative durable medical equipment, post-operative physical therapy, and medications. She underwent a right shoulder arthroscopy on 3-30-15. In June 2015, she continued to complain of right shoulder pain and reported "difficulty with range of motion in the shoulder". She had been receiving physical therapy post-operatively. The report indicates that she "progressed well" in therapy, however, therapy noted "loss of range of motion, most notable with extension". She was diagnosed with "Possible Symptom Magnification, as squeezing of the

right hand should not increase shoulder pain". Request for authorization of right shoulder ultrasound-guided corticosteroid injection was made, as well as additional physical therapy sessions. In July 2015, the treatment plan indicates that "therapy should go forward". However, the corticosteroid injection was deferred until therapy has been completed. A request for a new functional capacity evaluation was completed at that time to "see if she is improved postoperatively, so that we can separate the symptom magnification from what she can really do and move forward towards maximum medical improvement".

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation and Other Medical Treatment Guidelines ACOEM, Chapter 7, p. 137-138.

Decision rationale: Regarding request for functional capacity evaluation, ACOEM Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional / secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Given this, the currently requested functional capacity evaluation is not medically necessary.