

Case Number:	CM15-0148797		
Date Assigned:	08/12/2015	Date of Injury:	05/24/2014
Decision Date:	09/14/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 5-24-14. She has reported initial complaints of a right shoulder injury after a slip and fall accident at work. The diagnoses have included right shoulder rotator cuff tear. Treatment to date has included medications, injections and physical therapy. Currently, as per the physician progress note dated 6-18-15, the injured worker is doing better with decreasing pain and stiffness about the right shoulder. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right shoulder dated 9-12-14 that reveals a small subacromial bursa effusion and a borderline glenohumeral effusion and distal supraspinatus tendinopathy with partial thickness tear of the anterior third of the supraspinatus tendon. The physical exam reveals that she is in mild distress and she has tenderness about the right shoulder. The physician requested treatment included Functional capacity evaluation to assess her level of impairment and determine any necessary work restrictions in order to prevent any further injury at the work place in the future.

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 ACOEM Chapter 7, Referral Issues and the

Independent Medical Examination (IME) Process, page 137-138, Official Disability Guidelines, Fitness for Duty Chapter, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): 30-34.

Decision rationale: CA MTUS Guidelines recommend chronic pain programs for patients who meet certain criteria. The criteria include the provision of an adequate and thorough evaluation, including baseline functional testing. In this case, the patient has almost reached maximal medical improvement for her right shoulder. There is no evidence of significant loss of ability to function independently resulting from chronic pain. The patient has only tenderness to palpation to the right shoulder as her only significant physical finding. A return to work should be attempted before consideration given to a Functional Restoration Program evaluation should be requested. Therefore the request is not medically necessary.