

<b>Case Number:</b>	CM15-0149509		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California  
 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 49 year old female, who sustained an industrial injury on August 25, 2010. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included x-rays, MRI, medication, ultrasound, surgery, physical therapy and home exercise program. Currently, the injured worker complains of neck pain that radiates to the shoulder and upper arm (right greater than left) that is described as sharp and burning. The pain is associated with intermittent numbness and tingling in her hands and fingers and weakness in her arms. The pain is exacerbated by pulling, pushing, reaching, cold weather, prolonged sitting and standing and any head movement. She reports experiencing headaches approximately three times a week. She reports bilateral shoulder pain that is described as dull to sharp and intermittently radiates to her elbows. She experiences painful clicking in the right shoulder and decreased range of motion in both of her shoulders. She reports occasional right elbow pain that intermittently radiates to her wrist and thumb, and is described as sharp and burning. She reports the pain is accompanied by sporadic numbness and tingling in her fingers. The pain is exacerbated by pulling, pushing, torqueing, lifting, driving carrying, and cold weather. She reports intermittent right hand and wrist pain and weakness accompanied by numbness and tingling, and experiences difficulty gripping, pulling, pushing, pinching and torqueing. She describes the pain as sharp and occasionally radiates to her elbow. Lastly, she complains of intermittent low back pain that is described as dull and aching, and radiates to her buttocks, down her legs to the bottoms of her feet. The injured worker is diagnosed with near full thickness right rotator cuff tear. A note dated July 1, 2015 states; the

injured worker is experiencing slight improvement in her right shoulder noting a decrease in pain and stiffness. There are physical therapy notes included; however, they are difficult to decipher. The therapeutic response to medication, physical therapy and home exercise program was not included in the documentation. A Functional Capacity Evaluation is requested to further assess the injured worker's level of impairment and to determine the need for work restrictions.

### **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 American College of Occupational and Environmental Medicine, Chapter 7, Page 137-138; Official Disability Guidelines, Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity evaluations Page(s): 48.

**Decision rationale:** According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not justified and is not medically necessary.