

Case Number:	CM15-0167012		
Date Assigned:	09/04/2015	Date of Injury:	05/03/2013
Decision Date:	10/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/25/2015

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: New Jersey

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 24 year old female, who sustained an industrial injury on 5-03-2013. Diagnoses include left shoulder strain-AC joint strain status post arthroscopy with residuals. Treatment to date has included left shoulder arthroscopy on 1-07-2015 followed by physical therapy. Per the Orthopedic Initial Evaluation of the Primary Treating Physician dated 7-08-2015, the injured worker reported intermittent moderate pain in the left shoulder rated as 8 out of 10 in severity. Physical examination of the left shoulder revealed tenderness to palpation about the anterior and superior AC joint and anterior shoulder joint. Range of motion of the left shoulder was normal. The plan of care included magnetic resonance angiography (MRA) of the left shoulder and a functional capacity evaluation. Authorization was requested for functional capacity evaluation.

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 Independent Medical Examinations and Consultations, Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty section, Functional capacity evaluation (FCE).

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the replacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, although it appears that this worker may have reached maximal medical improvement, this is not clear, and there was no mention of a specific task at work or consideration of a work hardening program to warrant such a request for a functional capacity evaluation. Also, a follow-up report regarding her modified work restrictions of the left arm would be appropriate before consideration of any FCE. Therefore, this request is not medically necessary.