

Case Number:	CM15-0188345		
Date Assigned:	09/30/2015	Date of Injury:	04/05/2014
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

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 52-year-old male, with a reported date of injury of 04-05-2014. The diagnoses include right shoulder impingement syndrome. Treatments and evaluation to date have included Tylenol. The diagnostic studies to date have included an MRI of the right shoulder on 07-24-2015. The initial evaluation report dated 07-09-2015 indicates that the injured worker complained of continuous pain in the right shoulder, with radiation of pain to the upper arm. The pain increased with rotation, reaching overhead, lifting, carrying, pushing, and pulling. The pain level was rated 7 out of 10. The physical examination of the shoulder showed tenderness to palpation over the medial aspect of the right scapula; no tenderness to palpation over the rotator cuff or acromioclavicular joint; no spasm over the glenohumeral and subacromial joint; normal range of motion; negative impingement sign; negative crepitus test; and negative apprehension test. The injured worker was currently working regular duty. The treating physician requested a functional capacity evaluation for the right shoulder. On 08-26-2015, Utilization Review (UR) non-certified the request for a functional capacity evaluation for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation, right shoulder: 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, PP 132-139.

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, Functional capacity evaluation (FCE).

Decision rationale: The claimant sustained a work injury in April 2014 and is being treated for an injury to the left shoulder occurring when he had sharp pain while lifting a heavy metal part. When seen, he was working without restrictions. He had right shoulder pain radiating to the upper arm. He was having symptoms of instability. There was scapular tenderness. There was normal range of motion with negative impingement testing. The assessments indicate that the claimant was not at maximum medical improvement. A functional capacity evaluation is being requested. Unrestricted work was continued. A functional capacity evaluation can be recommended prior to admission to a Work Hardening Program. It is not recommended for routine use as part of occupational rehabilitation or screening, or as a generic assessment in which the question is whether someone can do any type of job generally. A functional capacity evaluation should not be performed if the worker has returned to work and an ergonomic assessment has not been arranged. In this case, although not considered at maximum medical improvement, the claimant continues to work without restrictions. A Work Hardening program is not being recommended and does not appear indicated at this time. The request is not medically necessary.