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| Case Number: | CM15-0188654 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 03/13/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 08/27/2015 |
| 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old woman sustained an industrial injury on 3-13-2014. Evaluations include right shoulder MRA date 7-28-2015 showing subdeltoid bursitis. Diagnoses include right shoulder surgery, adhesive capsulitis of the right shoulder, and rotator cuff syndrome of the right shoulder. Treatment has included oral medications and home exercises. Physician notes on a PR-2 dated 8- 17-2015 show complaints of right shoulder pain. The physical examination shows positive speed test, healed surgical scar, and positive supraspinatus test on the right. No further details are available including range of motion testing, pain ratings, or current level of functioning.

Recommendations include right shoulder cortisone injection and functional capacity evaluation. Utilization Review denied a request for functional capacity evaluation on 8-27-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Qualified 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 Guidelines, page 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 137-139.

Decision rationale: Based on the 8/17/15 progress report provided by the treating physician, this patient presents with constant moderate to severe pain of the right shoulder. The treater has asked for Qualified Functional Capacity Evaluation on 8/17/15. The patient's diagnoses per request for authorization dated 8/17/15 are aftercare for surgery of musculoskeletal system (right shoulder full thickness tear), adhesive capsulitis of the right shoulder, and rotator cuff syndrome of the right shoulder. The patient states the right shoulder pain is throbbing, and aggravates with use of the arms per 6/25/15 report. The patient is s/p right shoulder surgery, unspecified, from September 2014 and had 16 sessions of physical therapy which gave temporary relief from pain per 3/23/15 report. The patient's work status is unemployed and her last date of work was her accident on 3/13/14 per 3/23/15 report. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." The treater does not discuss this request in the reports provided. In this case, a request for functional capacity evaluation is noted in progress report dated 8/17/15. The treater, however, does not discuss the purpose of this request. ACOEM states that "there is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." Additionally, there is no request from the employer or claims administrator, and the treater does not discuss the purpose of this request. Routine FCE's are not recommended as they do not necessarily predict a patient's ability to work. Hence, the request is not medically necessary.