

Case Number:	CM15-0028645		
Date Assigned:	02/20/2015	Date of Injury:	01/20/2011
Decision Date:	05/19/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/17/2015

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 61-year-old female, who sustained an industrial injury on 1/20/2011. She reported working as an accounts payable processor, with repetitive tasks and reaching over her shoulders on a regular basis. The injured worker was diagnosed as having supraspinatus and infraspinatus tendinosis, type 1 SLAP lesion of glenoid labrum, and glenohumeral joint effusion. Treatment to date has included diagnostics, left shoulder surgery on 9/07/2012 and 12/12/2013, post-operative physical therapy, and medications. Per the most recent progress report, dated 10/15/2014, the injured worker complained of a flare of left shoulder pain, rated 4/10. She was documented as doing well and not taking any medications for pain. She was currently participating in therapy, noting improvement in range of motion but still weakness in the left shoulder. She was documented to have right carpal tunnel surgery recommended by a hand surgeon. Her work status was total temporary disability. A Functional Capacity Evaluation was requested to determine safe work capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Examination: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.
Decision based on Non-MTUS Citation Official Disability Guidelines: Fitness for Duty Chapter, Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64.

Decision rationale: The claimant is more than four years status post work-related injury and continues to be treated for left shoulder pain. She underwent a second shoulder surgery in December 2013 follow by physical therapy. She has ongoing left shoulder weakness with improved range of motion. When seen, she was having a flare up of symptoms. When seen, she was having a flare up of symptoms. She was performing a home exercise program. Her job requirements include reaching above shoulder level. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned and her work requirements are appropriately described in relation to her current shoulder impairments. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.