

Case Number:	CM15-0044683		
Date Assigned:	03/17/2015	Date of Injury:	01/28/2014
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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: Preventive Medicine, Occupational Medicine

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 56 year old male laborer, who sustained an industrial injury on January 28, 2014. He reported an injury to his left shoulder after a slip and fall. The injured worker was diagnosed as having persistent, symptomatic, complete retracted rotator cuff tear, impingement syndrome and distal clavicle arthrosis of the left shoulder. Treatment to date has included physical therapy, chiropractic therapy, anti-inflammatory medications, and a subacromial cortisone injection which gave him temporary relief. An MRI of the left shoulder is documented as revealing a full-thickness displaced, retracted rotator cuff tear with a type 2 acromion and degenerative changes of the acromioclavicular joint. Currently, the injured worker complains of persistent moderate left shoulder pain and weakness, which is exacerbated with lifting, reaching and pushing activities. He describes the pain as constant and dull to intermittent sharp. The treatment plan included arthroscopic rotator cuff repair, acromioplasty and distal clavicle resection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation for the left elbow and left 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, pg 132-139; Official Disability Guidelines (ODG) Fit For Duty Chapter, FCE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 1 pg 4-5, 12; Chp 2 pg 21-2; Chp 5 pg 77, 80-2, 85. Decision based on Non-MTUS Citation Hart DL, Isernhagen SJ, Matheson LN. Guidelines for Functional Capacity Evaluations of People with Medical Conditions. J Orthop Sports Phys Ther. 1993;18:682686.

Decision rationale: Functional Capacity Evaluations are a set of tests, practices and observations that are combined to determine the ability of an individual to function in a given set of work-related duties. It gives a more precise delineation of a patient's capabilities than can be determined from a routine exam. Thus, it more closely reflects the true functional abilities of an individual as they relate to job demands. The most recent evaluation of this patient notes that the patient is scheduled for major reparative surgery. Medical necessity for this evaluation has not been established.