

Case Number:	CM15-0048145		
Date Assigned:	03/20/2015	Date of Injury:	11/10/2010
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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:

The injured worker is an 84-year-old male who sustained an industrial injury on 11/10/10. Initial complaints and diagnoses are not available. Treatments to date are not provided. Diagnostic studies are not discussed. Current complaints include jaw, neck, chest, upper back, right shoulder, upper arm, elbow, forearm wrist, hand hip knee, lower leg, ankle, and foot pain. In a progress noted the treating provider reports the plan of care as Extra Strength Tylenol, acupuncture and physical therapy for the right shoulder, MRI of the right shoulder, and a Functional Capacity Evaluation of the right shoulder. The requested treatment is a Functional Capacity Evaluation of 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: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines: Functional Capacity Evaluations (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the

following regarding functional capacity evaluations Official disability guidelines Fitness For Duty, Low Back - Lumbar & Thoracic chapter, under Functional capacity evaluation (FCE).

Decision rationale: The patient presents with jaw, neck, chest, upper back, right shoulder, upper arm, elbow, forearm wrist, hand hip knee, lower leg, ankle, and foot pain. The request is for FUNCTIONAL CAPACITY EVALUATION, RIGHT SHOULDER. The RFA provided is dated 02/20/15. The patient is retired and currently not working. MTUS Chronic Pain guidelines and MTUS/ACOEM chapter guidelines did not provide details on Functional capacity evaluations. ACOEM Chapter 7 was not adopted into the MTUS guidelines, but does have relevant information related to Functional capacity evaluations. ACOEM chapter 7, pg 137-138 states: "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." ODG Fitness For Duty, Low Back - Lumbar & Thoracic chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." Treater does not provide a rationale for the request. ACOEM guidelines do not support FCE to predict an individual's work capacity unless it is asked by the employer, adjustor or that the information is deemed crucial. FCE's do not reliably predict a person's capacity to work. The request IS NOT medically necessary.