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| Case Number: | CM15-0051498 | | |
| Date Assigned: | 03/24/2015 | Date of Injury: | 10/29/2012 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/18/2015 |

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 36 year old female, who sustained an industrial injury on 10/29/2012 reporting left shoulder pain. The past surgery history is significant for left shoulder surgery. On provider visit dated 01/27/2015 the injured worker has reported left shoulder ache, tightness left shoulder pain, associated with no movement make it worse. The pain was reported to be mild with a score of 2/10 on a 0 to 10 scale. On examination, left shoulder was noted as having a decreased range of motion, supraspinatus press causes pain and shoulder apprehension causes pain. The diagnoses have included complete rupture of rotator cuff and status post shoulder surgery. Treatment to date has included medications, surgery and physical therapy. A round of PT treatments was started on 12/17/2014. The provider requested a final functional evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Final Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 9 Shoulder Complaints Page(s): 21, 81, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterShoulders.

Decision rationale: The CA MTUS -ACOEM and the ODG guidelines recommend that Functional Capacity Evaluation can be utilized as a component of Return to Work planning after completion of active treatment programs. The records showed that patient started a supervised PT December, 2014 but there was no post treatment evaluation report available. The subjective complaint of only residual mild shoulder pain and the limited objective findings documented did not indicate the presence of significant physical limitation. The criteria for final Functional Capacity Evaluation was not met. Therefore, the requested treatment is not medically necessary.