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| Case Number: | CM15-0059795 | | |
| Date Assigned: | 04/06/2015 | Date of Injury: | 06/16/2014 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/30/2015 |

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 a 51 year old female, who sustained an industrial injury on 6/16/2014. She reported an injury from lifting a heavy door. The injured worker was diagnosed as having right shoulder rotator cuff tear, rotator cuff syndrome and impingement syndrome and status post right shoulder rotator cuff surgical repair. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, home exercises and medication management. In a progress note dated 12/2/2014, the injured worker complains of ongoing right shoulder pain. The treating physician is requesting functional capacity evaluation for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Functional Capacity Evaluation for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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.

Decision rationale: Based on the 11/19/14 progress report provided by treating physician, the patient presents with right shoulder pain rated 6/10. The request is for functional capacity evaluation for the shoulder. Patient is status post rotator cuff repair with subacromial decompression 09/29/14. No RFA provided. Patient's diagnosis on 11/19/14 included rotator cuff tear right shoulder, rotator cuff syndrome right shoulder, and impingement right shoulder. Patient continues with physical therapy and home exercise program. Patient medication includes Tramadol. The patient is off-work, per 11/19/14 treater report. MTUS does not discuss functional capacity evaluations. 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." Treater has not provided reason for the request. Nonetheless, there is no mention that this request for a functional capacity evaluation is from the employer or claims administrator, per sole progress report provided. There is no discussion about the current request or prior evaluations, either. Routine FCE is not supported by the ACOEM. Therefore, the request is not medically necessary.