

Case Number:	CM15-0069225		
Date Assigned:	06/03/2015	Date of Injury:	04/29/2013
Decision Date:	07/02/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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 a 45 year old male, who sustained an industrial injury on 4/29/13. He reported tripping and falling and injuring his left shoulder. The injured worker was diagnosed as having status post left shoulder hemi arthroplasty, left shoulder contracture and left shoulder pain. Treatment to date has included post-operative physical therapy, NSAIDs, Norco and an MR arthrogram. On 2/13/15, the left shoulder range of motion was left shoulder abduction 90 degrees, forward flexion 90 degrees, internal rotation PSIS and external rotation 30 degrees. As of the PR2 dated 3/13/15, the injured worker reports moderate pain in the left shoulder that is worse with overhead activities. Objective findings include left shoulder abduction 90 degrees, forward flexion 90 degrees, internal rotation PSIS and external rotation 30 degrees. The treating physician noted that the injured worker had reached maximum medical improvement. The treating physician requested a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty/Functional capacity evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for medical evaluation and remains disabled. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.