

Case Number:	CM15-0089667		
Date Assigned:	05/14/2015	Date of Injury:	10/08/2012
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii

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 60 year old female who sustained an industrial injury on 10/8/12. The injured worker was diagnosed as having right sprain shoulder, right rotator cuff, and right sprain rotator cuff. Currently, the injured worker was with complaints of right shoulder weakness, stiffness and pain. Previous treatments included medication management, work conditioning, physical therapy, and status post right rotator cuff revision. Physical examination was notable for right shoulder strength testing with weakness and mild pain noted. The plan of care was for 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 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 Official Disability Guidelines, Fit for duty, Functional capacity evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Functional/Capacity Evaluation, Pg. 137.

Decision rationale: The patient presents post rotator cuff revision. The diagnoses include having right shoulder/arm sprain, right rotator cuff disorder and right cervical disc degeneration. Currently the injured worker complains of right shoulder weakness, stiffness and pain. The current request is for a functional capacity evaluation for the right shoulder following the patient's right rotator cuff repair on 3/17/14 and initial Functional Capacity Evaluation (FCE) dated 9/12/14 due to the fact that the patient is approaching ultimate improvement. The treating physician request and rationale was not provided in the limited clinical history available for review. Regarding Functional/Capacity Evaluation, ACOEM Guidelines state, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace." In this case, the treating physician does not explain why FCE is crucial; additionally we do not know if the employer and/or the claims administrator made the request. The FCE does not predict the patient's actual capacity to perform in the workplace. Finally, there is no documentation noting a detailed job description, there is no documentation discussing the prior FCE on 9/12/14 and there is no documentation discussing a recent and/or unsuccessful return to work attempt(s). Therefore the current request is not medically necessary and the recommendation is for denial.