

Case Number:	CM14-0116322		
Date Assigned:	08/04/2014	Date of Injury:	06/28/2012
Decision Date:	10/07/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male with a 6/28/12 injury date. He injured his right shoulder but the mechanism is not provided. No clinical notes are provided for review. Comorbidities include diabetes, hypercholesterolemia, hypertension, hypothyroidism, morbid obesity, insomnia, and depression. In the recent UR review on 6/20/14, subjective findings include improvement since the last surgery and pain level at 2-4/10. Objective findings were right shoulder flexion to 150 degrees, abduction to 125 degrees, and external rotation to 80 degrees. In an evaluation on 6/6/14, the patient was recommended to return to modified duty work. Diagnostic impression: right shoulder rotator cuff tear. Treatment to date: right shoulder arthroscopic rotator cuff repair (8/22/12), revision right shoulder rotator cuff repair (8/1/13), revision right shoulder rotator cuff repair (2/3/14), physical therapy, medications. A UR decision on 6/20/14 denied the request for functional capacity evaluation on the basis that the medical records provided do not establish medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM 2004 Guidelines, Independent Medical Examination and Consultations, Chapter 7 pages 137 - 138 Official Disability Guidelines; 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 CA MTUS 2009: Clinical Topics: ACOEM Chapter 7 Independent Medical Examinations and Consultations (page 132-139); Official Disability Guidelines (ODG): Fitness for Duty Chapter.

Decision rationale: CA MTUS states that 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. In addition, ODG states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. In the present case, there is not enough documentation or objective data provided to establish medical necessity. Specifically, the patient's upper extremity function was not impaired enough in the latest exam to suggest the need for FCE. In addition, a recommendation was recently made to return the patient to modified work, and there does not appear to be any prior unsuccessful return-to-work attempts to date. Therefore, the request for functional capacity evaluation is not medically necessary.