

<b>Case Number:</b>	CM14-0118251		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working atleast 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:

Patient is a 49 year-old male with date of injury 10/29/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/28/2014, lists subjective complaints as pain in the right shoulder. Objective findings: Examination of the right shoulder revealed decreased range of motion in flexion, internal rotation, and abduction with pain. There was tenderness to palpation of the anterior shoulder and posterior shoulder. Supraspinatus test was positive. Diagnosis: 1. Right shoulder impingement syndrome 2. Right shoulder pain 3. Right shoulder strain/sprain 4. Right shoulder internal derangement.

### 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. Decision based on Non-MTUS Citation ODG-TWC, Fitness for Duty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCE)

**Decision rationale:** The Official Disability Guidelines state that a "functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed." Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. The request for a Functional capacity evaluation is not medically necessary.