

<b>Case Number:</b>	CM14-0089986		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 30-year-old male was reportedly injured on 10/31/2013. The mechanism of injury was listed as grabbing a branch with his left hand, as the ladder the claimant was standing, on gave way and fell. The most recent progress note, dated 8/1/2014, indicated that there were ongoing complaints of left shoulder and neck pains. The physical examination demonstrated cervical spine had positive tenderness to palpation, range of motion with flexion 50, extension 50, bilateral rotation 70 and bilateral bending 40. There was positive paraspinal muscle tenderness. Left shoulder was with flexion 160, abduction 150, external rotation 70 and internal rotation at 80. There was also positive subacromial bursitis. There were also negative impingement, apprehension, Speeds, and drop on tests. No recent diagnostic studies are available for review. Previous treatment included arm sling, physical therapy and medications. A request had been made for functional capacity evaluation and was not certified in the pre-authorization process on 5/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 (Independent Medical Examinations and Consultations); Official Disability Guidelines (ODG), Fitness for Duty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 (Independent Medical Examinations and Consultations); Official Disability Guidelines (ODG), Fitness for Duty

**Decision rationale:** Based on the guidelines presented in the American College of Occupational and Environmental Medicine (ACOEM) practice guidelines, functional capacity evaluations (FCE) are supported when determining functional limitations and work capability. The Official Disability Guidelines (ODG) details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts, or there is conflicting medical reporting on precautions and/or fitness for a modified job, or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical records indicates the claimant has returned to work with modified duty. As such, the guideline criteria has not been met and this request is not considered medically necessary. After review the medical records provided, there was no identifiable documentation of the failure to return to work. Therefore, this request is deemed not medically necessary.