

<b>Case Number:</b>	CM14-0211308		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	02/07/2014
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Preventive Medicine, Occupational Medicine

### 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 40-year-old male with a 2/7/14 date of injury, when he injured his right shoulder while lifting and pulling bundles of foam. The patient was seen on 9/24/14 with complaints of constant sharp pain in the right shoulder aggravated by movement. The patient's pain radiated to the neck and upper arm. The patient also reported pain in the left index finger. Exam findings of the right shoulder revealed +3 spasm and tenderness to the rotator cuff muscles and right upper shoulder muscles, positive Codman's test, positive Speeds test, and positive supraspinatus test. The progress note indicated that the patient completed 8 out of 10 work hardening sessions and he still suffered from moderate to severe pain. The diagnosis is right shoulder partial rotator cuff tear. Treatment to date: work restrictions, PT, acupuncture, work hardening program, and medications. An adverse determination was received on 11/13/14 for a lack of documentation indicating failed attempts to work, discordant medical opinion regarding ability to work, and a lack of specific demands to be evaluated by the FCE.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Qualified functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**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 Chapter), FCE; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Chapter 7 Independent Medical Examinations and Consultations (page 132-139).

**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. The patient injured his right shoulder over a year ago and underwent physical therapy, acupuncture, and work hardening program. Since then, the patient was temporarily totally disabled. However, there is a lack of documentation with subjective and objective functional gains from previous treatments. In addition, there is a lack of documentation indicating that the patient had unsuccessful attempts to return to work and it is not clear if the patient's injury required detailed exploration of the patient's work abilities. Therefore, the request for qualified functional capacity evaluation is not medically necessary.