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| <b>Case Number:</b>   | CM14-0217867 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 08/13/2003 |
| <b>Decision Date:</b> | 03/27/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/29/2014 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 38 year old female who sustained an industrial injury on 8/13/03. The injured worker reported symptoms in the neck, right shoulder, right elbow and right wrist. The diagnoses included impingement syndrome of shoulder on the right with bicipital tendonitis status post decompression and labral repair, cubital tunnel on the right status post release, stenosing tenosynovitis along the first extensor on the right status post release, discogenic cervical condition, carpometacarpal joint inflammation of the thumb on the right status post multiple injections. Treatments to date include oral pain medications, injections, activity modification. In a progress note dated 10/29/14 the treating provider reports the injured worker was with "tenderness along the rotator cuff, the lateral epicondyle, the first extensor and base of the thumb...motion is reduced along the shoulder with weakness of grip." On 12/3/14 Utilization Review non-certified the request for Functional Capacity Evaluation quantity of 1. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Capacity Evaluation quantity 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p64

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for right shoulder pain and weakness following rotator cuff surgery. She is considered at maximum medical improvement. A Functional Capacity Evaluation is an option for select patients with chronic pain if the information might be helpful in objectifying worker capability with regard to either specific job or general job requirements. In this case, no new treatment is being planned and the claimant is likely at maximum medical improvement. Obtaining a Functional Capacity Evaluation to determine the claimant's current work capacity is therefore considered medically necessary.