

<b>Case Number:</b>	CM14-0218628		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Physical Medicine & Rehabilitation

### 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 59 year old female with a date of injury of May 10, 2013. Results of the injury include right shoulder and right knee. Diagnosis include right shoulder greater tuberosity fracture healed with impingement and right knee lateral meniscus tear with arthrosis. Treatment has included medications and injections to the right knee. X-ray of the right shoulder dated May 1013 revealed findings consistent with healed greater tuberosisty fracture with no evidence of displacement. X-ray of the knee dated May 2013 showed lateral joint space narrowing with vagus alignment. Progress report dated November 17, 2014 showed localized tenderness to the right shoulder. Range of motion was decreased. Right knee showed an effusion with crepitus with range of motion. Work status was noted as modified. The treatment plan included general surgery for a hernia repair and Magnetic Resonance Imaging (MRI) of the shoulder. Utilization review form dated December 18, 2014 non certified functional capacity evaluation due to noncompliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Funtional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, has the following regarding functional capacity evaluations

**Decision rationale:** This patient presents with right shoulder and right knee pain. The current request is for FUNCTIONAL CAPACITY EVALUATION. The treating physician states that this request is "in contemplation of a permanent and stationary report and appropriate rating per the AMA guides" ACOEM Guidelines, pages 137 and 139 do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that Functional Capacity Evaluations can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster request for it, or if the information from FCEs is crucial. Routine FCE is not supported and there is no information in the medical records provided to indicate that the employer or adjuster has requested a functional capacity evaluation or that the requested FCE is crucial. The physician states that this request is needed to perform a P&S report and appropriate rating, however these reasons for performing an FCE are not supported by ACOEM. This request IS NOT medically necessary.