

Case Number:	CM15-0016332		
Date Assigned:	02/04/2015	Date of Injury:	10/13/2010
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona

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 71-year-old female who reported an injury on 10/13/2010. The mechanism of injury was due to continuous trauma. The injured worker was noted to undergo a right shoulder arthroscopy with a rotator cuff repair, labral debridement, and biceps tenodesis on 08/06/2014. The mechanism of injury was not provided. The injured worker underwent physical therapy. There was a Request for Authorization submitted for review, dated 01/06/2015. The physician date of service 12/06/2014 revealed the injured worker had continued to have right shoulder pain, described as 8/10 with limited range of motion and internal rotation. The injured worker was noted to have completed postoperative physical therapy and the request was made for acupuncture. The injured worker's medications included Tylenol No. 3. The injured worker underwent an MRI of the right shoulder prior to surgical intervention. The physical examination revealed the injured worker had flexion of 40 degrees on the right and 90 degrees on the left. The injured worker had abduction of 30 degrees on the right and 120 degrees on the left. The injured worker had a positive arc test on the right. The injured worker had a positive supraspinatus and empty can test, Hawkins impingement test, and Neer's impingement test bilaterally. The injured worker's strength was 5/5 in the bilateral limbs. The sensation was within normal limits. The injured worker was noted to have undergone a nerve conduction study, an MRI of the cervical spine, and an MRI of the shoulder. The diagnosis included cervical radiculopathy; arthralgia of the right acromioclavicular joint and impingement; right carpal tunnel syndrome status post release 06/13/2011; right tendinitis de Quervain's status post injection, status post release 06/13/2011; left carpal tunnel syndrome, status post carpal tunnel

release 02/21/2013; tear of the rotator cuff inoperable, right; and impingement syndrome of the left shoulder. The treatment plan included a Functional Capacity Evaluation to determine the injured workers work ability.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCE to be performed in physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 137-138

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.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate there is a functional assessment tool available and that is a Functional Capacity Evaluation, however, it does not address the criteria. As such, secondary guidelines were sought. The Official Disability Guidelines indicates that a Functional Capacity Evaluation is appropriate when a worker has had prior unsuccessful attempts to return to work, has conflicting medical reports, the injured worker had an injury that required a detailed exploration of a workers abilities, a worker is close to maximum medical improvement and/or additional or secondary conditions have been clarified. The clinical documentation submitted for review failed to indicate the injured worker had an unsuccessful attempt to return to work and that the injured worker was close to maximum medical improvement and that all additional and secondary conditions had been clarified. Given the above, the request for Functional Capacity Evaluation performed in physical therapy is not medically necessary.