

Case Number:	CM15-0112103		
Date Assigned:	06/18/2015	Date of Injury:	06/09/2014
Decision Date:	07/23/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 53 year old male, who sustained an industrial injury, June 5, 2014. The injured worker previously received the following treatments right shoulder MRI which showed partial thickness tears, osteoarthritis, bursitis and tears and Naproxen. The injured worker was diagnosed with cervical spine sprain/strain with myospasms, right shoulder sprain/strain, tension headaches and dizziness, osteoarthritis per MRI of the right shoulder, effusion of the right shoulder per MRI, bursitis of the right shoulder per MRI and labral tear per MRI of the right shoulder. According to progress note of May 8, 2015, the injured worker's chief complaint was of worsening right shoulder pain and tension. The injured worker rated the pain at 5 out of 10. The pain radiated into the neck, causing persistent neck pain. The pain was worse during cold weather and prolonged positioning. The shoulder pain was aggravated by overhead activity. The pain was well controlled with medications and especially the creams. The injured worker denied any side effects at the time. The physical exam noted limited range of motion secondary to pain on the right and full range of motion on the left. The orthopedic testing noted positive impingement syndrome with apprehension sign and empty Can's test on the right. The strength of the right upper extremity was 2 out of 5. The cervical neck had tenderness with palpation of the bilateral suboccipital muscles and right upper trapezius muscles and the right glenohumeral joint. There was limited range of motion due to pain. There were spasms noted in the right upper trapezius muscles. The treatment plan included a functional capacity evaluation for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Chapter 7, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, chapter 7, 137-138.

Decision rationale: CA MTUS/ACOEM Guidelines state a number of functional assessment tools are available, including functional capacity evaluations when reassessing function and functional recovery. The ODG do not recommend proceeding with a FCE if the sole purpose is to determine a worker's effort or compliance and/or if the worker has returned to work without having an ergonomic assessment arranged. In this case, the request involves the right shoulder. The documentation submitted provides nothing that indicates the necessity of an FCE in regards to the injured worker's condition and work capabilities. Clinical examination and testing should provide sufficient information to make a reasonable determination in regards to functional capacity. The request for an FCE is premature at this juncture, and therefore is not medically necessary or appropriate.