

<b>Case Number:</b>	CM15-0126794		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: 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 (IW) is a 48-year-old female who sustained an industrial injury on 04/20/2013. She reported catching her right arm in the elevator door with injury to the right shoulder. She also has radiation of pain to the neck, back and right arm with numbness to the right hand. The injured worker was diagnosed as having right shoulder impingement syndrome, and right shoulder rotator cuff tear. Treatment to date has included physical therapy, right shoulder arthroscopic surgery, injections, and oral and topical medications. Currently, the injured worker complains of left shoulder and low back pain. The symptoms are moderate with a pain level of 7-9/10 and pain described as aching and soreness. Objectively there is tenderness of the anterior cervical spine, left and right cervical dorsal, upper thoracic, lumbar left and right sacroiliac, left and right buttock, sacral, right and left posterior leg and right anterior shoulder and right anterior elbow, and positive impingement of the left shoulder. The lumbar spine has tenderness to palpation and the straight leg raise is negative. Cervical spine MRI dated 03/24/2015 degenerative disc disease. A nerve conduction study and electromyogram of the bilateral upper extremities revealed evidence of moderate right carpal tunnel syndrome, and mild chronic C5/C6 radiculopathy on the right. Her pain is rated as a 3 on a scale of 10. AS of 06/04/2015, her working diagnoses were brachial neuritis or radiculitis, and cervical intervertebral disorder with myelopathy. Her treatment plan is to continue her physical therapy for the right wrist/hand/forearm, have shockwave therapy to the shoulder (4 sessions) and have a Functional capacity evaluation for the right upper extremity without declare the worker permanent and stationary. A request for authorization is made for the following: Functional capacity evaluation (right upper extremity).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional capacity evaluation ( right upper extremity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) functional capacity evaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job. Consider FCE 1. Case management is hampered by complex issues such as: a. Prior unsuccessful RTW attempts b. Conflicting medical reporting on precaution and/or fitness for modified jobs c. Injuries that require detailed exploration of the worker's abilities 2. Timing is appropriate a. Close or at MMI/all key medical reports secured b. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.