

Case Number:	CM15-0128248		
Date Assigned:	07/15/2015	Date of Injury:	09/19/2012
Decision Date:	08/12/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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

Certification(s)/Specialty: Emergency Medicine

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 48 year old male, who sustained an industrial injury on 9/19/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having status post left shoulder arthroscopy with rotator cuff repair, subacromial decompression, extensive debridement of glenohumeral joint, and foreign body removal. Treatment to date has included left shoulder surgery in 10/2014 and physical therapy. Currently (5/27/2015), the injured worker reported doing okay. His shoulder continued to improve and he felt he was done with therapy. He still had some difficulty and was not requiring as much pain medication. Exam of his shoulder noted forward flexion to 155 degrees, external rotation to 80 degrees, and internal to T10. Strength was 5-/5 in external rotation. Authorization for a work conditioning program was denied. He was to remain off work. The treatment plan included a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation (Fit for Duty): 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) Treatment in Workers Comp, 13th annual edition, 2015, Fitness for Duty, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

Decision rationale: As per ACOEM guidelines, determining limitations of work "is not really a medical issue" and that most assessing physicians should be able to determine limitations without additional complex testing modalities. As per ACOEM Chapter 1 Prevention, pg 12; "there is no good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints and injuries." While there may be occasional need for FCE, the treating physician has not documented why any work limitation assessment could not be done without a full FCE. The provider documents that the patient's work may make it difficult to return to work but there is no documentation as to why that is the case and what complex issues may lead to patient returning to work. The request for FCE is not medically necessary.