

<b>Case Number:</b>	CM15-0028801		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 30 year old male, who sustained an industrial injury on 09/16/2011. The diagnoses have included multiple labral tears to the right shoulder and supraspinatus tendinosis to the right shoulder, along with resolved impingement, acromioclavicular cartilage disorder, subacromial/subdeltoid bursitis, and shoulder pain. Treatments have included physical therapy and medications. Diagnostics to date have included MRI of the right shoulder on 12/01/2014 which showed tendinosis in the distal supraspinatus tendon without partial or full thickness tear seen. In a progress note dated 01/07/2015, the injured worker presented for a follow up for his right shoulder injury. The treating physician reported the injured worker presented with zero complaints of pain and requested a functional capacity evaluation in preparation for a permanent and stationary evaluation. Utilization Review determination on 01/29/2015 non-certified the request for Functional Capacity Evaluation citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

### 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:** Decision based on MTUS ACOEM Page(s): 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Functional capacity evaluation (FCE).

**Decision rationale:** The injured worker sustained a work related injury on 09/16/2011. The medical records provided indicate the diagnosis of multiple labral tears to the right shoulder and supraspinatus tendinosis to the right shoulder, along with resolved impingement, acromioclavicular cartilage disorder, subacromial/subdeltoid bursitis, and shoulder pain. Treatments have included physical therapy and medications. The medical records provided for review do not indicate a medical necessity for Functional capacity evaluation. The records indicate the injured worker did not come for follow up for about eight months to foreign travel. During a return visit, the worker reported worsening symptoms and was placed on work restrictions. After about two visit, the worker was requested for Funtional Capacity evaluation, and returned to regular duty. Although the MTUS recommends Functional Capacity Evaluation (FCE) . Although the MTUS recommends the use of FCE to more precise patient capabilities than is available from routine physical examination, the Occupational Disability Guidelines (which is more detailed on this topic) recommends that the FCE be tailored to the individuals job, and the request provide as much detail as possible. This guidelines recommends that the FCE be used when case management is hampered by complex issues like prior unsuccessful Return to work; conflicting medical reporting on precautions and/or fitness for modified job;; injuries that require detailed exploration of a worker's abilities. The guideline recommends doing FCE If The sole purpose is to determine a worker's effort or compliance; if the worker has returned to work and an ergonomic assessment has not been arranged. Therefore, the requested evaluation is not medically necessary and appropriate since the injured worker has returned to work and there is no documented report of failure with the return to work attempt.