

<b>Case Number:</b>	CM15-0074009		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Chiropractic

### 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 57-year-old female with an industrial injury dated March 12, 2012. The injured worker diagnoses include cervicalgia, brachial neuritis or radiculitis, pain in joint involving shoulder region, pain in joint involving upper arm and status post right shoulder surgery dated 3/28/2014 with residual symptoms. She has been treated with diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 3/30/2015, the injured worker reported constant right shoulder pain rated 3/10 and constant neck pain rated 3/10. Objective findings revealed paraspinal tenderness to palpitation at C5-T1, bilaterally, bilateral facet joint tenderness at C5-T1, acromioclavicular joint (AC) joint tenderness, anterior labrum tenderness and decreased range of motion with pain. The treating physician prescribed 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Functional Capacity Evaluation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC Fitness for Duty Chapter, Functional Capacity Evaluation Section.

**Decision rationale:** The patient has completed conservative and non-conservative care to date to include shoulder surgery. The PTP's findings in the records submitted for review do not show achievement of criteria required for a Functional Capacity Evaluation to be warranted. The ODG regarding FCE states: "Consider an FCE if 1. case management is hampered by complex issues such as: prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: close or at MMI/all key medical reports secured, additional secondary conditions clarified." The treatment notes in this case do not indicate that MMI status is close. Return to work attempts has not been documented. Patient is not at MMI or Permanent and Stationary and treatment has not concluded as the patient is still receiving physical therapy post-surgery. I find that the Functional Capacity Evaluation requested to not be medically necessary and appropriate.