

Case Number:	CM15-0099209		
Date Assigned:	06/01/2015	Date of Injury:	07/23/2013
Decision Date:	07/07/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 24 year old male, who sustained an industrial injury on 7/23/13. He reported a sharp pain in right shoulder associated with numbness and tingling. The injured worker was diagnosed as having shoulder pain. Treatment to date has included Zorvolex, physical therapy, home exercise program, cortisone injections and activity restrictions. (MRI) magnetic resonance imaging of right shoulder performed on 11/7/13 revealed tendinosis, probable transmural disruption at the tendon anterior tendon insertion and type II acromion with mild acromioclavicular osseous hypertrophy. Currently, the injured worker complains of right shoulder pain 6/10 without medications. He is currently prescribed modified work duty. Physical exam noted restricted range of motion of right shoulder and tenderness to palpation over the metacarpophalangeal joint of thumb and thenar eminence. The treatment plan included a request for functional capacity exam.

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 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 ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: The patient was injured on 07/23/13 and presents with right shoulder pain. The request is for a FUNCTIONAL CAPACITY EVALUATION. There is no RFA provided and the patient is on modified work duty with the following restrictions: the patient is not to lift greater than 15 pounds, patient is limited to use the affected extremity overhead to frequently, avoid heavy pushing/pulling, and patient is limited to repetitive pinching/grasping frequently. MTUS does not discuss functional capacity evaluations. Regarding functional capacity evaluation, ACOEM guidelines page 137, "The examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations." These assessments also may be ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. There are no significant events to confirm that FCEs predict an individual's actual capacity to perform in a workplace. The patient's right shoulder have a restricted range of motion, a positive Hawkins test, a positive Speeds test, a positive O'Brien's test, and a positive Neer test. The right hand has tenderness to palpation over the metacarpophalangeal joint of thumb and thenar eminence. The patient is diagnosed with shoulder pain. The reason for the request is not provided. It is unknown if the request is from the employer or the treater. ACOEM supports FCE if asked by the administrator, employer, or if it is deemed crucial. Per ACOEM, there is lack of evidence that FCEs predict the patient's actual capacity to work. Therefore, the requested functional capacity evaluation IS NOT medically necessary.