

<b>Case Number:</b>	CM14-0154933		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36-year-old female who reported an injury on 03/17/2014. The mechanism of injury was due to lifting file boxes. The injured worker has diagnoses of right shoulder internal impingement, bursitis of right shoulder, and strain to thoracic spine. The past medical treatment included physical therapy, medications, and home exercise. Diagnostic testing included an x-ray of the left shoulder on 06/02/2014 and x-ray of cervical spine on 06/02/2014. Surgical history was not provided. On 09/09/2014, the injured worker complained of ongoing pain to both shoulders and the left arm. The injured worker described pain as sharp, burning, and severe. The injured worker rated the pain a 10/10 on the pain scale on average in the week prior to the clinic visit. The physical examination of the neck, back, and extremities revealed trigger points palpated in the upper trapezius, mid trapezius, lower trapezius, sternocleidomastoid, semispinalis capitis, levator scapulae, supraspinatus, rhomboid region, teres major, and upper latissimus dorsi bilaterally. The range of motion of the shoulders revealed limited range of motion due to pain. The injured worker had a positive Spurling's test to the cervical spine, a positive apprehension test to both shoulders, negative Adson's test, positive Hawkins test bilaterally, and a positive Speed's test bilaterally. Medications included Lyrica 50 mg and Naproxen Sodium 550 mg. The treatment plan is for a functional capacity evaluation. The rationale given by the physician was for baseline testing as part of the Functional Restoration Program initial evaluation. The Request for Authorization form was not submitted.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, pages 137-138

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE)

**Decision rationale:** The request for a functional capacity evaluation is not medically necessary. The injured worker complained of ongoing pain to both shoulders and the left arm. The California MTUS/ACOEM guidelines state determining limitations can usually be done by obtaining the injured worker's history, obtaining information from the injured worker, and the provider's knowledge of the injured worker and previous injured workers. Sometimes, it may be necessary to obtain a more precise delineation of injured worker capabilities and under some circumstances this can best be done by ordering a functional capacity evaluation. The Official Disability Guidelines recommend performing a functional capacity evaluation prior to admission to a work hardening program. The guidelines recommend considering a Functional Capacity Evaluation if case management is hampered by complex issues including prior unsuccessful return to work attempts, when there is conflicting medical reporting on precautions and/or fitness for modified job, or if there are injuries that require detailed exploration of a worker's abilities. The guidelines recommend a Functional Capacity Evaluation if injured workers are close to or at maximum medical improvement and all key medical reports are secured and if additional/secondary conditions are clarified. The guidelines state to not proceed with a Functional Capacity Evaluation if the sole purpose is to determine an injured worker's effort or compliance. There is a lack of documentation indicating the injured worker is planning to enter a work hardening program. There is a lack of documentation provided stating the injured worker has had attempts to return to work that were unsuccessful. There is a lack of documentation of conflicting medical reporting on precautions and/or fitness for modified job duties or that the injured worker is in the process of returning to work. There is a lack of documentation indicating the injured worker is close or at maximum medical improvement. Therefore, the request for a functional capacity evaluation is not medically necessary.