MAXIMUS Federal Services

Case Number:	CM13-0026439		
Date Assigned:	11/22/2013	Date of Injury:	01/20/2011
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in New York and Texas. 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 physician 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 patient is a 55-year-old female who reported an injury on 01/20/2011 due to repetitive motions while performing normal job duties causing injury to the shoulders. The patient was initially treated with physical therapy, medications, and corticosteroid injections. The patient developed cervical spine pain resulting in an epidural steroid injection. With conservative treatments to include a TENS unit and work conditioning failing to improve the patient's symptoms, it was determined that the patient was a surgical candidate for the left shoulder. The patient's most recent clinical exam findings included left shoulder pain and cervical spine pain rated at 5/10. Physical findings included tenderness to palpation over the anterior aspect of the shoulder and full range of motion of the cervical spine. The patient's diagnoses included cervical spine degenerative disc syndrome with radiculopathy and left shoulder internal derangement. The patient's treatment plan included physical therapy, acupuncture, a Functional Capacity Evaluation, continuation of medications, and shockwave therapy to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatments (2): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture treatment is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has functional deficits and pain complaints. California Medical Treatment Utilization Schedule recommends acupuncture as an adjunct therapy to a functional restoration program to include active therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program that would benefit from an adjunct therapy such as acupuncture. Additionally, there is no documentation that the patient has had a reduction in medication to support the need for acupuncture treatments. As such, the requested acupuncture treatments are not medically necessary or appropriate.

Functional capacity evaluation (FCE) is: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-79.

Decision rationale: The requested Functional Capacity Evaluation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is currently working with modified duties. The American College of Occupational and Environmental Medicine recommend the use of a Functional Capacity Evaluation to obtain a more precise delineation of patient capabilities than is available from a routine physical examination. However, as there is no documentation of job requirements that the patient is unable to meet, a Functional Capacity Evaluation would not be indicated. Additionally, Official Disability Guidelines recommend Functional Capacity Evaluations if the patient has had unsuccessful return to work attempts. The clinical documentation submitted for review does provide evidence that the patient is currently working; therefore, a Functional Capacity Evaluation would not be indicated. As such, the requested Functional Capacity Evaluation is not medically necessary or appropriate.

Extracorporeal shock wave: 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) Low Back Chapter, Criteria for the use of Extracorporeal Shock Wave Therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy.

Decision rationale: The requested extra corporeal shockwave for the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain complaints of the cervical spine. Official Disability

Guidelines state that there are no scientific studies to support the efficacy of shockwave therapy as a treatment for back pain. As this treatment is not supported by guideline recommendations, this treatment would not be considered medically necessary or appropriate.