

<b>Case Number:</b>	CM13-0042732		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois, Indiana, 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 65-year-old female who reported an injury on 05/30/2012. The mechanism of injury was reported that the patient was walking down a flight of stairs when she missed a step and lost her balance. The patient did not fall, but placed her left arm in front of her to regain her balance; however, she hit her arm against a door and twisted her left leg. The patient experienced immediate pain in her left shoulder, forearm, wrist and hand, left hip, knee, and ankle/foot. The patient was diagnosed with left shoulder rotator cuff tear/tendonitis; per MRI, left shoulder strain/sprain; left elbow strain/sprain, left elbow lateral epicondylitis; left forearm strain/sprain and contusion; left wrist carpal tunnel syndrome, exacerbation; status post left hip contusion; and status post left knee contusion. The patient continued to complain of 7/10 pain in the left shoulder. The patient also had 7/10 pain in the left elbow and left wrist, which has increased from 6 on the last visit, and 8/10 pain in the left hip and left knee, which has increased from 7/10 on the last visit. The physical examination revealed tenderness to the left shoulder/arm, tenderness to the left elbow/forearm, tenderness to the left hand/wrist, tenderness to the left hip, tenderness to the left knee, and restricted range of motion with the left shoulder/arm. The patient also had a positive impingement sign and supraspinatus test. The patient had a positive Tinel's and Phalen's test also. The patient reported that acupuncture helped in decreasing her pain and tenderness with 30% improvement in her range of motion and 20% improvement in her function and activities of daily living. The documentation reported that the patient is approaching maximum medical improvement from a conservative perspective. The treatment plan included continuation of acupuncture, a urine toxicology test, and a referral for 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 QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, Page 137 and the Official Disability Guidelines (ODG), Chronic Pain and Low Back Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation (FCEs).

**Decision rationale:** CA MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines recommend Functional Capacity Evaluations prior to the admission to a work hardening program. A guidelines state before performing a Functional Capacity Evaluation, the patient must have prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. The guidelines also state the patient must be close or at MMI/all key medical reports secured, and additional/secondary conditions clarified. The guidelines state, do not proceed with a Functional Capacity Evaluation if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The clinical documentation submitted for review does not indicate that the patient has attempted to return to work. Also, there is no indication that the patient was recommended for a work hardening program. Given the lack of documentation to support guideline criteria, the request is non-certified.

### **Acupuncture (for the left upper extremity, left hip, and left knee) QTY: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture, Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Guidelines recommend acupuncture as a form of treatment. The guidelines state frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement: 3 to 6 treatments. The guidelines state frequency 1 to 3 times a week over 1 to 2 months. The guidelines also state acupuncture treatments may be extended if functional improvement is documented. The patient continued to complain of pain at 7/10 in the shoulder, 7/10 in the left elbow and wrist, and 8/10 in the left hip and knee, which is increased from 7/10 since the last visit. The patient reported that acupuncture helps in decreasing her pain and tenderness with 30% improvement in her range of motion and 20% improvement in her function and activities of daily living. However, no objective clinical documentation was submitted for review to show functional improvement of

the patient. Given the lack of documentation to support the guideline criteria, the request is non-certified.

**TG Hot 180 gm QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines state topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Guidelines also state that topical Lidocaine, in the formulation of a dermal patch has been designated for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Although the patient continues to complain of pain to the left shoulder, left elbow, left wrist, left hip, and left knee, the guidelines do not recommend TGHOT 180 mg. Given the lack of documentation to support the guideline criteria, the request is non-certified.