Case Number:	CM13-0061329		
Date Assigned:	12/30/2013	**Date of Injury:**	02/16/2013
Decision Date:	11/14/2014	**UR Denial Date:**	11/04/2013
Priority:	Standard	**Application Received:**	12/04/2013

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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 34-year-old man with a date of injury of February 16, 2013. The mechanism of injury was not documented in the medical record.The MRI of the right shoulder sated May 16, 2013 revealed normal findings. The progress note dated October 16, 2013 indicated the IW complains of constant minimal pain that is aching and sharp. The exam reveals 1+ spasm and tenderness to the right shoulder muscles and right rotator cuff muscles. The neurological examination of the bilateral upper extremities was within normal limits bilaterally for deep tendon reflexes, dermatomes, and myotomes. Shoulder range of motion (ROM) was captured digitally by Acumar. Speed's testing was positive. Supraspinatus was positive on the right. The diagnostic impressions include: Bursitis and tendonitis of the right shoulder, and partial tear of the rotator cuff tendon. The plan is for acupuncture as the IW has shown increase in activities of daily living and increased ROM with previous acupuncture. The IW has had 12 sessions to date. The IW was prescribed the following medications: Tylenol #3, Naproxen sodium 550mg, and TGHot (Tramadol 8%/Gabapentin10%/Menthol 2%/Camphor 2%/Capsaicin 0.05%).The IW was counseled on the diagnosis, prognosis, and treatment plan. He was taught a series of home exercises as part of the education plan. The IW was released to work with work restrictions until December 16, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x6 for right shoulder-including electro acupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared acupuncture, cupping and diathermy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 137 -138, 341,Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Massage Therapy Page(s): 59. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Research On Infrared Radiation Characteristics Of Skin Covering To Acupuncture; Wang Z, Yu W, Shi, Jin LZhonggue Zhen, Jiu 2013, Jul;33(7); 665-7 (The Manipulation Technique And Clinical Application Of Kinetic Cupping.

Decision rationale: Pursuant to the MTUS section 9792.2 4.1 and the Official Disability Guidelines, acupuncture times six for the right shoulder including electro acupuncture, manual acupuncture, myofascial release, electrical stimulation, infrared acupuncture, cupping and diathermy are not medically necessary.The guidelines state acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decreased the side effects of medication induced nausea, promote relaxation and reduce muscle spasm. Acupuncture with electrical stimulation is used to increase effectiveness of needles by continuous stimulation of active point. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: time to produce functional improvement 3 to 6 treatments; frequency 1 to 3 times per week; and optimum duration 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. The initial trial pursuant to the Official Disability Acupuncture Guidelines are: initial trial of 3 to 4 visits over two weeks; with evidence of reduced pain, medication use and objective functional improvement, total up to 8 to 12 visits over 4-6 weeks.In this case, the injured worker has received 12 sessions of acupuncture. There has been increased functional improvement with increased range of motion, however there is continued spasms and tenderness. The ODG acupuncture guidelines provide for a 12 visits with functional improvement. While there has been improvement, a fewer number of acupuncture sessions are indicated with a reevaluation of functional improvement and would decrease pain. Similarly, the same rationale holds for electro-acupuncture. Myofascial release should be an adjunct to recommended treatment such as exercise and limited to 4 to 6 weeks in most cases. Scientific studies show contradictory results. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, however beneficial effects were registered only during treatment. The guideline criteria have not been adequately proven with regards long-term efficacy. There are insufficient large-scale controlled studies showing long-term efficacy of this request the treatment. The ACOEM does not support physical modalities such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical stimulation and biofeedback by high-quality medical studies but they may be useful in the initial conservative treatment of acute shoulder symptoms. In this case diathermy has not been adequately proven with regard to overall efficacy and safety. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, acupuncture times six for the right shoulder including electro acupuncture, manual acupuncture,

myofascial release, electrical stimulation, infrared acupuncture, cupping and diathermy are not medically necessary.

Qualified functional capacity evaluation for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Functional Capacity Evaluation.

Decision rationale: Pursuant to the California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the functional capacity evaluation is not medically necessary. The guidelines state there is little scientific evidence confirming the functional capacity evaluations predict an individual's actual capacity to perform in the workplace. Functional capacity evaluation reflects what an individual can do on a single day, at a particular time under control circumstances, but provide an indication of the individual's abilities. As with any behavior, an individual's performance is probably influenced by multiple nonmedical factors other than physical impairment. For these reasons, it is problematic to rely solely upon functional capacity evaluation results for determination of current work capability and restrictions. Additionally, a job description of the anticipated job is required. In this case, there are no significantly clinical physical findings that prevent this claimant from returning to work. The job description is not provided in the medical record. There was no documentation of trial and failure of return to work. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the functional capacity evaluation is not medically necessary.