

Case Number:	CM14-0101196		
Date Assigned:	07/30/2014	Date of Injury:	07/29/2013
Decision Date:	09/09/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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 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:

According to the records made available for review, this is a 47-year-old female with a 7/29/13 date of injury. At the time (5/20/14) of request for authorization for Acupuncture 2/Week x 4/Weeks (8 Visits) and Work Conditioning, there is documentation of subjective (right shoulder pain, right elbow pain, and right wrist pain with numbness) and objective (right shoulder positive impingement signs with decreased range of motion, right elbow tenderness to palpation over the lateral aspect, and right wrist positive Tinel's and Phalen's signs) findings, current diagnoses (right shoulder impingement, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome), and treatment to date (physical therapy, chiropractic therapy, and medications). In addition, medical reports identify that the patient might benefit from carpal tunnel release surgery. Regarding Acupuncture 2/Week x 4/Weeks (8 Visits), it cannot be determined if this is a request for initial or additional acupuncture therapy. Regarding Work Conditioning, there is no documentation of functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; that the patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; and a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2/Week x 4/Weeks (8 Visits): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. In addition, there is documentation of musculoskeletal conditions. However, given documentation of a 7/29/13 date of injury, where there would have been an opportunity to have had previous acupuncture therapy, it is not clear if this is a request for initial or additional (where acupuncture therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture therapy. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2/Week x 4/Weeks (8 Visits) is not medically necessary.

Work Conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125, 138.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Work conditioning, work hardening.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; not a candidate where surgery or other treatments would clearly be warranted to improve function; physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed

abilities, OR Documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work hardening program. In addition, MTUS identifies that work hardening programs should be completed in 4 weeks consecutively or less; and treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. ODG work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement, right elbow lateral epicondylitis, and right wrist carpal tunnel syndrome. In addition, there is documentation of work related musculoskeletal conditions and no more than 2 years past the date of injury. However, there is no documentation of functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). In addition, despite documentation of previous physical therapy, there is no (clear) documentation of an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. Furthermore, given documentation that the patient might benefit from carpal tunnel release surgery and an associated request for acupuncture therapy, there is no documentation that the patient is not a candidate where surgery or other treatments would clearly be warranted to improve function. Moreover, there is no documentation of physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training). Lastly, there is no documentation of the intended frequency and duration of the requested work conditioning. Therefore, based on guidelines and a review of the evidence, the request for work conditioning is not medically necessary.