

Case Number:	CM14-0135304		
Date Assigned:	08/29/2014	Date of Injury:	08/16/2013
Decision Date:	09/29/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/22/2014

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 Occupational 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 patient is a 28-year-old female who has submitted a claim for cervical disc displacement, sciatica, carpal tunnel syndrome, and shoulder impingement associated with an industrial injury date of 08/16/2013. Medical records from 08/13/2014 to 08/14/2014 were reviewed and showed that patient complained of bilateral wrist pain graded 8/10 and low back pain radiating down left leg graded 8/10. Physical examination revealed decreased lumbar ROM, normal bilateral wrist ROM, and positive Tinel's and Phalen's tests in the right wrist. MRI of the lumbar spine dated 12/2013 revealed straightening of the lumbar lordotic curvature, annular fissure at L2-L3, L4-5, and L5-S1, disc desiccation at L2-3 down to L5-S1, hemangioma at T12, Modic type II end plate degenerative changes at L2 down to L4 and superior end plate of L5, L2-3 and L3-4 disc herniation, L4-5 disc herniation with left paracentral and foraminal extension, and L5-S1 central disc protrusion with no significant spinal canal stenosis or neural foraminal narrowing. EMG/NCV of the upper extremities (date not legible) revealed moderate bilateral carpal tunnel syndrome and mild, chronic right C6/ C7 radiculopathy. Treatment to date has included physical therapy and 6 sessions of acupuncture. Of note, the patient reported temporary relief with physical therapy and acupuncture (08/13/2014). Utilization review dated 08/14/2014 denied the request for additional acupuncture 2x6 for the left wrist because there was no documentation of significant improvement in ADLs or reduction in work restrictions with acupuncture. Utilization review dated 08/14/2014 denied the request for functional capacity evaluation because the patient does not appear to have attempted return to work. Utilization review dated 08/14/2014 denied the request for interferential stimulation unit because the patient was not noted to participate in HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions for the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient completed six visits of acupuncture which afforded temporary relief. The guidelines require documentation of functional improvement prior to extension of acupuncture treatment. Therefore, the request for Acupuncture 12 sessions for the left wrist is not medically necessary.

Interferential stimulation (IF unit) - purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Although proposed for treatment in general for soft tissue injury or for enhancing wound or fracture healing, there is insufficient literature to support Interferential current stimulation for treatment of these conditions. In this case, it is unclear if the patient is actively participating with recommended treatments involving return to work, exercise, and medications. The guidelines only recommend ICS if used as adjunct to recommended treatments. Therefore, the request for Interferential stimulation (IF unit) - purchase is not medically necessary.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page (s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: As stated on page 132-139 of the ACOEM Low Back Guidelines referenced by CA MTUS functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. It also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, there was no documentation that patient was offered a job or had unsuccessful work attempts. Physical exam findings do not indicate that the patient is close to maximum medical improvement. There was no documentation of aforementioned circumstances to support FCE. Therefore, the request for Functional capacity evaluation is not medically necessary.