

<b>Case Number:</b>	CM14-0139444		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 55-year-old female with a 9/7/10 date of injury. At the time (7/9/14) of request for authorization for acupuncture 2 to 3 times per week for 6 weeks, right shoulder Qty:18 and physical therapy Functional Capacity Evaluation, Right shoulder, there is documentation of subjective (neck pain with radicular symptoms into the right arm, and right shoulder pain aggravated with overhead reaching and overhead work) and objective (decreased cervical range of motion, positive foraminal compression test, and tenderness to palpation with spasm over the trapezius, sternocleidomastoid and trapezius muscles bilaterally; and decreased right shoulder range of motion with positive impingement test) findings, current diagnoses (right shoulder strain and tendinitis, cervical strain, herniated cervical disc, and cephalgia), and treatment to date (acupuncture (unknown amount)). In addition, medical report identifies a request for acupuncture to decrease muscle spasms and pain; and a functional capacity evaluation to determine the patient's functional capabilities. Regarding acupuncture 2 to 3 times per week for 6 weeks, right shoulder Qty:18, the number of previous acupuncture therapy treatments cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Regarding physical therapy Functional Capacity Evaluation, Right shoulder, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 to 3 times per week for 6 weeks, right shoulder Qty:18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 strain and tendinitis, cervical strain, herniated cervical disc, and cephalgia. In addition, there is documentation of previous acupuncture therapy. Furthermore, given documentation of a request for acupuncture to decrease muscle spasms and pain, there is documentation that acupuncture will be used to reduce pain and reduce muscle spasm. However, there is no documentation of the number of previous acupuncture therapy treatments and if the number of treatments have exceeded guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for acupuncture 2 to 3 times per week for 6 weeks, right shoulder Qty:18 is not medically necessary.

**Physical Therapy Functional Capacity Evaluation,Right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): chapter 7 137-138.

**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) Independent Medical Examinations and Consultations, page(s) 137-138; Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a

worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of right shoulder strain and tendinitis, cervical strain, herniated cervical disc, and cephalgia. In addition, there is documentation of a request for a functional capacity evaluation to determine the patient's functional capabilities. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for physical therapy Functional Capacity Evaluation, Right shoulder is not medically necessary.