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| Case Number: | CM14-0024833 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 07/18/2008 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 02/17/2014 |
| Priority: | Standard | Application Received: | 02/27/2014 |

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 44-year-old who has submitted a claim for Left Shoulder Strain/Sprain/Tendinosis/Type II Acromial; Left Elbow Pain, Resolved; and Left Wrist Strain/Sprain with Carpal Tunnel Syndrome, associated with an industrial injury date of July 18, 2008. Medical records from 2013 were reviewed, which showed that the patient complained of left shoulder pain rated 4/10 and left wrist pain rated 3/10. Left elbow pain was noted to be resolved. On physical examination, vital signs were normal. The rest of the subjective and objective findings were unreadable due to illegible handwriting. Treatment to date has included medications, injections, and an unknown number of acupuncture sessions. Utilization review from February 17, 2014 denied the request for additional 8 sessions of acupuncture because the data provided did not give any objective measure of improvement with the acupuncture; and functional capacity evaluation because the patient remained in an actively treating phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT ADDITIONAL SESSIONS OF ACUPUNCTURE: 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 Acupuncture Medical Treatment Guidelines referenced by CA MTUS, 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 three to six treatments, frequency of one to three times per week, and duration of one to two months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the medical records showed that the patient underwent an unknown number of acupuncture sessions. However, there was no documentation of functional improvement. Furthermore, the present request failed to specify the body part to be subjected to acupuncture. The request for a eight additional sessions of acupuncture is not medically necessary or appropriate.

FUNCTIONAL CAPACITY EVALUATION: Upheld

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

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.

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. Though FCEs are widely used and promoted, it is important for physicians to understand the limitations and pitfalls of these evaluations. FCEs may establish physical abilities and facilitate the return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to the requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. In this case, there was no discussion regarding the indication for an FCE. There was also no discussion regarding return-to-work attempts or whether the patient is close or at maximum medical improvement, which are conditions wherein an FCE may be considered. There is no clear indication for an FCE at this time. The request for a functional capacity evaluation is not medically necessary or appropriate.