

Case Number:	CM14-0047011		
Date Assigned:	07/02/2014	Date of Injury:	09/14/2004
Decision Date:	08/25/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 72-year-old female who has submitted a claim for pain in joint, shoulder region associated with an industrial injury date of September 14, 2004. Medical records from 2013 to 2014 were reviewed, which showed that the patient complained of neck pain, rated 2-7/10 with radiating symptoms toward the left shoulder and arm. The patient also complained of right shoulder pain, rated at 7/10. On physical examination, there was noted tenderness to palpation about the upper trapezius and paravertebral muscles. There is also positive muscle guarding and muscle spasm over the cervical area. There is tenderness to palpation along the acromioclavicular joint on the right. Glenohumeral labral testing for instability is negative. Impingement test is positive. Drop arm test is negative. Treatment to date has included oral analgesics, acupuncture, physical therapy and surgery. Utilization review from April 3, 2014 denied the request for Acupuncture to the cervical spine and the right shoulder 2 times per week for 4 weeks and Physical therapy for the cervical spine and the right shoulder 3 times per week for 4 weeks because it is both not substantiated at this time as the scope, nature and outcome of prior acupuncture and physical therapy treatment is not elaborated in the record review to substantiate the necessity of this treatment at this stage of care. The request for Functional Capacity Evaluation was also denied because the available documentation does not reveal a specific job description or a vocational plan of care being implemented at this time to substantiate the necessity for the evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the cervical spine and the right shoulder 2 times per week for 4 weeks:
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 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 medical records showed that the patient underwent an unknown number of acupuncture sessions. However, there was no documentation of functional improvement. Therefore, the request for Acupuncture to the cervical spine and the right shoulder 2 times per week for 4 weeks is not medically necessary.

Physical therapy for the cervical spine and the right shoulder 3 times per week for 4 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had previous physical therapy, although medical records submitted for review failed to specify the number of sessions approved and attended. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Therefore, the request for Physical therapy for the cervical spine and the right shoulder 3 times per week for 4 weeks is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Section: Fitness for Duty (updated 03/26/2014).

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 and on the Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: According to pages 132-139 of the ACOEM 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. 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 addition, 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 is no documentation that shows a discussion regarding return-to-work attempts or whether the patient is close or at maximum medical improvement, these are the conditions wherein FCE may be considered. There is no clear indication for FCE at this time. Therefore, the request for Functional Capacity Evaluation is not medically necessary.