

Case Number:	CM14-0048677		
Date Assigned:	06/25/2014	Date of Injury:	10/01/2010
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/26/2014

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 & 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:

The injured worker is a 56-year-old male with a reported date of injury on October 1, 2010. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with complaints of intermittent right shoulder pain. In addition, the injured worker complained of right hand, low back, and right and left knee pain, rated at 4/10. Upon physical examination, the injured worker's cervical spine presented without tenderness. The injured worker's cervical spine range of motion revealed flexion to 50 degrees, extension to 60 degrees, lateral flexion to 45 bilaterally, and bilateral rotation to 80 degrees. The physician indicated that sensation was within normal limits bilaterally, and the injured worker presented with negative straight leg raises. The lumbar spine range of motion revealed forward flexion to 70 degrees, extension to 15 degrees, and lateral flexion bilaterally to 15 degrees. The clinical documentation indicated the injured worker previously participated in physical therapy, acupuncture care, and chiropractic care; the results of which were not provided within the documentation available for review. The Functional Capacity Evaluation performed on June 13, 2013 revealed work task restrictions be implemented in order for the injured worker to return to work as a construction worker. The job factor restrictions included no pushing more than 35 pounds, no pulling more than 35 pounds, no crawling on hands and feet, or hands and knees, and no walking more than 0.3 miles continuously. The injured worker's diagnoses included rotator cuff tear of the right shoulder, laceration, right hand, rule out internal derangement, myofascial sprain in the lumbar spine and lumbar radiculopathy. The injured worker's medication regimen included naproxen, cyclobenzaprine, and omeprazole. The request for authorization for acupuncture 8 sessions and Functional Capacity Evaluation was not submitted. The rationale was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines state that the time to produce functional improvement is 3 to 6 treatments, with a frequency of 1 to 3 times per week. The optimum duration of acupuncture is 1 to 2 months. There is a lack of documentation provided related to the injured worker's pain medication being reduced or not tolerated. According to the clinical documentation provided for review, the injured worker previously attended physical therapy, chiropractic, and acupuncture; the results of which were not provided within the documentation available for review. In addition, the guidelines recommend time to produce functional improvement is 3 to 6 treatments; the request for an additional 8 sessions exceeds the recommended guidelines. In addition, the request as submitted failed to provide the specific site at which the acupuncture was to be utilized. Therefore, the request 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 (ODG), Shoulder (Acute & Chronic), Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: The California MTUS Guidelines recommend functional improvement measures. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. The objective measures of the patient's functional measurement may include self-report of functional tolerance and can document the patient's self-assessment of functional status with the use of questionnaires, pain scales, etc. The physical impairment should include objective measures of clinical exam findings, as well as range of motion documented in degrees. The provider should also indicate a progression of care with increased active interventions and reduction in frequency of treatment over course of care. According to the clinical documentation provided for review, the injured worker had a formal Functional Capacity Evaluation on June 13, 2013. Within the clinical note dated March 27, 2014, the physician indicates the injured worker describes increased pain with rotation, repetitive movements, reaching overhead, or lifting over 5 to 7 pounds. The injured worker also indicated difficulty

carrying, pushing and pulling, and has difficulty combing his hair. The documentation provided for review indicates functional improvement measures were documented in the clinical documentation provided for review, to include muscle flexibility, strength, and endurance deficits. The rationale for the formal Functional Capacity Evaluation was not provided within the documentation available for review. The physician documented the injured worker's functional deficits within the clinical information provided. Therefore, the request is not medically necessary.