

<b>Case Number:</b>	CM14-0062272		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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:

This is a 54-year-old male who sustained a remote industrial injury on 08/19/13 diagnosed with cephalgia, anxiety, insomnia, disc herniation of the thoracic spine, disc bulge of the cervical spine, and impingement syndrome. Mechanism of injury occurred when the patient was standing on a flatbed and lost his balance, causing him to fall on dirt ground and experience pain in the head, cervical spine, right shoulder, and lumbar spine. The request for Acupuncture 2 x 6 to the right shoulder was non-certified at utilization review due to the lack of clear demonstration of functional improvement with previous acupuncture treatments. The request for Work conditioning 2 x 6 to the right shoulder was also non-certified at utilization review due to the lack of documentation concerning the patient's work status, functional status, whether the patient has a job to return to, and return to work goal. The most recent progress note provided is 05/13/14. This progress note is handwritten and barely legible. It appears the patient complains primarily of complaints concerning the cervical spine, lumbar spine, and right shoulder. Physical exam findings appear to reveal increased range of motion of the cervical and lumbar spine and decreased range of motion of the right shoulder. Current medications are not adequately listed. It is noted that a urinalysis was performed. The patient is pending authorization for a sleep study, psych evaluation for anxiety, and an MRI of the right shoulder. It also appears the patient is working with restrictions. Provided documents include previous progress notes some of which are handwritten and barely legible, urine toxicology reports, therapy/chiropractic treatment notes, and acupuncture treatment notes as recently as 04/11/14. These acupuncture notes do not legibly highlight any functional improvement obtained as a result of this treatment. The patient's previous treatments include analgesic medications, surgery to repair the clavicular fracture, physical therapy, chiropractic care, and at least 7 sessions of acupuncture. Imaging studies provided include an MRI of the thoracic spine, cervical spine, and brain, performed on 02/27/14.

The impression of these studies reveal Schmorl's nodes formation within the inferior endplate of T6, a mostly unremarkable MRI of the brain except for a mega cisterna magna, and 1-2 mm posterior disc bulges at C4-C5 and C5 C6 without evidence of canal stenosis.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2 X 6, Right Shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to California MTUS guidelines, acupuncture trials of 3-6 treatments are recommended but "Acupuncture treatments may be extended if functional improvement is documented." In this case, provided documentation highlights that the patient has completed at least 7 sessions of acupuncture treatment but the acupuncture notes included in the medical records do not legibly highlight any functional improvement obtained as a result of these treatments. Further, these notes do not indicate how future sessions may benefit the patient by outlining goals, like continuing to improve range of motion. Due to this lack of documentation, medical necessity is not supported.

**Work Conditioning 2 X 6, Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Physical Medicine Page(s): 125-126, 98-99.

**Decision rationale:** According to California MTUS guidelines, the criteria for admission to a Work Hardening Program involve a "Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA)." In this case, a work hardening program may prove to be medically necessary; however, a functional capacity evaluation is first necessary to demonstrate the need for a work hardening program. Further, although provided documentation does delineate the specific job description of the patient's job during his injury, it is unclear if this is the job the patient is returning to, and the specific job duties of the patient's current job are not outlined in recent progress notes. Therefore, the request for Work conditioning 2 x 6 to the right shoulder cannot be deemed medically necessary without this documentation.

