

Case Number:	CM14-0073880		
Date Assigned:	07/16/2014	Date of Injury:	01/08/2011
Decision Date:	09/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/21/2014

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 61-year-old female who reported an injury on 01/08/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 04/09/2014, which is handwritten and hard to decipher, indicated diagnoses of lumbar spine disc bulge and status post right shoulder arthroscopy. The injured worker reported lumbar spine pain and right shoulder pain rated 4/10 that was intermittent and controlled with pain medication that radiated to the right lower extremity. On physical examination of the lumbar spine, the injured worker had tenderness to palpation with spasms and flexion of 80 degrees with pain. The injured worker's shoulder examination revealed range of motion of 0 to 105 with flexion. The treatment plan included physical therapy, compound creams, a referral, and a followup visit. The injured worker's prior treatments were not provided within the documentation. The injured worker's medication regimen was not provided within the documentation. The provider submitted a request for acupuncture for the right shoulder and lumbar and a Functional Capacity Evaluation. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 to right, Shoulder and Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture 2x4 to right, Shoulder and Lumbar is not medically necessary. The CA MTUS Guidelines recognize acupuncture is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used 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. It was not indicated the injured worker had prior physical therapy or the amount of sessions the injured worker had to warrant additional acupuncture. In addition, there is a lack of clinical documentation indicating the injured worker did not tolerate medications or a reduction of pain medications. Therefore, the request for acupuncture is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The CA MTUS/ACOEM Guidelines recognize the functional capacity exam/evaluation as a supported tool for assessing an injured worker's function and functional recovery. The CA MTUS Guidelines state an FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). Consider an FCE if the case management is hampered by complex issues such as: a prior unsuccessful return to work (RTW) attempt; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities; timing is appropriate: close or at MMI/all key medical reports secured; additional/secondary conditions clarified. There is a lack of findings upon physical exam demonstrating significant functional deficit. In addition, there is a lack of documentation of other treatments the injured worker underwent previously and the measures of progress as well as efficacy of the prior treatments. Moreover, there is a lack of documentation that the injured worker has failed an attempt at work to warrant the Functional Capacity Evaluation at this time to determine restrictions. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for Functional Capacity Evaluation is not medically necessary.

