

Case Number:	CM14-0125227		
Date Assigned:	08/11/2014	Date of Injury:	06/18/2012
Decision Date:	07/15/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Oriental Medicine

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 (IW) is a 52-year-old male who sustained an industrial injury on 06/18/2012 due to a fall. Diagnoses include sub-acute traumatic moderate repetitive cervical spine sprain/strain-rule out herniated disc; sub-acute traumatic moderate repetitive left shoulder sprain/strain-rule out ligamentous injury; right eye pain; and posttraumatic concussion with loss of consciousness and persistent headaches. Treatment to date has included medications, left shoulder steroid injection, physical therapy, acupuncture, and he was seen by a psychologist. MRIs of the head and left shoulder were done; the findings of the former were negative, and a fracture was noted on the latter. According to the Comprehensive Initial Evaluation and Treatment Plan dated 6/26/14 the IW reported right eye pain rated 4/10; neck pain rated 4/10; left shoulder pain rated 5/10 and persistent headaches. The headaches caused blurry vision and pain in the right eye. The left shoulder pain radiated down to his left upper arm and into the left elbow and shoulder blade. On examination, the cervical spine and left shoulder range of motion was reduced by 15%. Muscles of the cervical spine and the left shoulder were tender to palpation and spasticity was noted. A request was made for eight acupuncture sessions (no rationale given) and one functional capacity evaluation to be performed before the IW can return to regular work.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions performed since 2012, no evidence of sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement etc) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.

1 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 - Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. - Additional/secondary conditions clarified. Do not proceed with an FCE if The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged.

Decision rationale: The FCE is recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job, in this case, no specific job was mentioned, therefore the FCE would not be indicated. Also, the guidelines for performing an FCE could be recommended when the case management is hampered by complex issues such as: prior unsuccessful RTW attempts (which was not clearly documented in the records). In addition, the guidelines for performing an FCE (Functional Capacity Evaluation) could be recommended when timing is appropriate, meaning close or at MMI/all key medical reports secured: in this case additional therapeutic modalities are sought to improve the patient's condition-function, therefore the condition is not close or at MMI (maximum medical improvement). Based on the records reviewed, the functional capacity evaluation requested is not supported for medical necessity.