

Case Number:	CM14-0204991		
Date Assigned:	12/17/2014	Date of Injury:	07/17/2012
Decision Date:	02/04/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, 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:

The injured worker is a 68 year-old female with an original date of injury on 7/17/2012. The mechanism of injury was not provided. The industrially related diagnoses are cervical muscle spasm, right shoulder sprain / strain, right shoulder muscle spasm, right elbow sprain / strain, right lateral epicondylitis, right wrist sprain / strain, bilateral carpal tunnel syndrome per electromyogram and nerve conduction study, and status post right wrist surgery. Treatments to date include physical therapy, oral medications, and acupuncture sessions. The patient has had 11 acupuncture sessions to date without documented improvement. The disputed issues are the request for acupuncture 2 to 3 times a week for 6 weeks to the right elbow and right wrist, and functional capacity evaluation for the right elbow and wrist. A utilization review dated 10/31/2014 has modified the request for acupuncture to twice a week for 3 weeks, and non-certified the functional capacity evaluation. With regards to the request for acupuncture, the utilization review states the ordering physician did not establish the medical necessity of implementing this treatment modality, and the request exceed the CA MTUS recommendation of initial trial of 3-6 sessions. Therefore, the request was modified to twice a week for 3 weeks, a total of 6 sessions. With regards to the request for functional capacity evaluation, the patient is currently in an active care program with no report that a return to work status is anticipated. The PTP report is more than adequate to assess the patient's functional status regarding return to work and whether any restriction is required. Therefore, this request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2Wks x 3Wks for the right elbow and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. A trial of up to 6 sessions is recommended; with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the patient has already received 11 sessions of acupuncture according to a progress note on 9/24/2014. There's no documentation of improvement of symptom and functional gain from these previous treatments. In fact, subjective findings indicate symptom have been worsening. Additionally, the current request for visit 12-18 additional treatments exceeds the total of 24 sessions recommended by guidelines. Since the independent medical review process cannot modify any requests, the currently requested acupuncture is not medically necessary.

Functional Capacity Evaluation for the right elbow and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114 and on the Non-MTUS Official Disability Guidelines (ODG), Functional capacity evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation; American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Pages 137-138.

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.

