

Case Number:	CM14-0206641		
Date Assigned:	12/18/2014	Date of Injury:	12/10/2013
Decision Date:	02/06/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/10/2014

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:

This 61 year-old patient sustained an injury on 12/10/13 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip and Qualified Functional Capacity Evaluation. Diagnoses include lumbar spondylosis without myelopathy. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/22/14 from the provider noted chronic constant right shoulder pain radiating to right arm and neck aggravated by arm lifting and cervical pain with head turning; thoracic pain with prolonged standing; slight right hip pain; right elbow pain worsened with arm bending. Exam showed cervical spine tenderness at C2-7 with spasm; tender Suboccipital and upper shoulder muscles; positive compression and distraction tests; positive shoulder depression test; thoracic spasm and tenderness at T3-9; positive Yeoman's Codman's test with shoulder tenderness; positive Speed's test; elbow with tingling; spasm and tenderness; positive Cozen's and Tinel's on right; hip spasm and tenderness. It was noted the patient has completed 22 acupuncture sessions with functional improvement. Treatment request was for additional acupuncture. The patient remained temporarily totally disabled. The request(s) for Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip and Qualified Functional Capacity Evaluation were non-certified on 11/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACUPUNCTURE MEDICAL TREATMENT GUIDELINES Page(s): 8-9.

Decision rationale: This 61 year-old patient sustained an injury on 12/10/13 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip and Qualified Functional Capacity Evaluation. Diagnoses include lumbar spondylosis without myelopathy. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/22/14 from the provider noted chronic constant right shoulder pain radiating to right arm and neck aggravated by arm lifting and cervical pain with head turning; thoracic pain with prolonged standing; slight right hip pain; right elbow pain worsened with arm bending. Exam showed cervical spine tenderness at C2-7 with spasm; tender Suboccipital and upper shoulder muscles; positive compression and distraction tests; positive shoulder depression test; thoracic spasm and tenderness at T3-9; positive Yeoman's Codman's test with shoulder tenderness; positive Speed's test; elbow with tingling; spasm and tenderness; positive Cozen's and Tinel's on right; hip spasm and tenderness. It was noted the patient has completed 22 acupuncture sessions with functional improvement. Treatment request was for additional acupuncture. The patient remained temporarily totally disabled. The request(s) for Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip and Qualified Functional Capacity Evaluation were non-certified on 11/11/14. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. The patient remains totally temporarily disabled from the 22 acupuncture treatment visits already rendered for this 2013 injury with unchanged severe chronic pain symptoms and clinical findings. There is no demonstrated functional improvement derived from treatment completed. The Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip is not medically necessary and appropriate.

Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment for Workers' Compensation(TWC), Fitness for Duty Procedure, Guidelines for performing an FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138.

Decision rationale: This 61 year-old patient sustained an injury on 12/10/13 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip and Qualified Functional Capacity Evaluation. Diagnoses include lumbar spondylosis without myelopathy. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/22/14 from the provider noted chronic constant right shoulder pain radiating to right arm and neck aggravated by arm lifting and cervical pain with head turning; thoracic pain with prolonged standing; slight right hip pain; right elbow pain worsened with arm bending. Exam showed cervical spine tenderness at C2-7 with spasm; tender Suboccipital and upper shoulder muscles; positive compression and distraction tests; positive shoulder depression test; thoracic spasm and tenderness at T3-9; positive Yeoman's Codman's test with shoulder tenderness; positive Speed's test; elbow with tingling; spasm and tenderness; positive Cozen's and Tinel's on right; hip spasm and tenderness. It was noted the patient has completed 22 acupuncture sessions with functional improvement. Treatment request was for additional acupuncture. The patient remained temporarily totally disabled. The request(s) for Acupuncture 3 times a week for 2 weeks; to the thoracic spine, lumbar spine, right shoulder, right elbow, and right hip and Qualified Functional Capacity Evaluation were non-certified on 11/11/14. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient underwent recent open shoulder surgery and continues to treat for ongoing significant symptoms with further plan for diagnostic along epidural injection interventions, remaining temporarily totally disabled without return to any form of modified work. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is disabled. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Qualified Functional Capacity Evaluation is not medically necessary and appropriate.