

<b>Case Number:</b>	CM14-0097833		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 33-year-old female with date of injury of 05/02/2011. Diagnoses from the 05/21/2014 report are: 1. Cervical spine disc protrusion 2. Lumbar spine sprain 3. Bilateral shoulder A/C osteoarthritis 4. Bilateral wrist sprain and cysts. According to this report, the patient complains of cervical spine, lumbar spine, bilateral shoulder, and bilateral wrist pain. She rates her pain 4-8/10. Her pain is made worse by repetitive use, forceful activity and activities of daily living. It is improved with medication, therapy and creams. The examination shows decreased tenderness in the bilateral paraspinal muscles, and bilateral upper trap of the cervical spine. Decreased spasms were noted in the bilateral upper trap. Increased range of motion noted in the cervical spine. There is decreased tenderness in the lumbar paraspinals, quad, and sciatic notch. Decreased spasm in the lumbar quad. Increased range of motion in the lumbar spine. Treatment reports from 10/28/2013 to 05/21/2014 were provided for review. The utilization review denied the request on 06/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESWI (extracorporeal shockwave therapy) 1x4-6 neck, lumbar, bilateral shoulders, and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Ultrasound, Therapeutic Page(s): 123.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter on ESWT.

**Decision rationale:** This patient presents with the cervical spine, lumbar spine, bilateral shoulder, and bilateral wrist pain. The provider is requesting ESWT (extracorporeal shockwave therapy) 1 x 4 to 6 neck, lumbar, bilateral shoulders, and left wrist. The MTUS and ACOEM guidelines are silent regarding this request. However, the ODG guidelines under the shoulder chapter for extracorporeal shock wave therapy (ESWT) states, that this treatment is indicated for calcific tendinitis that have failed with conservative care including physical therapy, iontophoretic, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection. The records do not show a history of extracorporeal shockwave therapy. The provider does not provide a rationale for this request. ESWT is not indicated for the spine, neck and wrist. While ESWT for the shoulders is supported by the guidelines, the patient does not present with calcific tendinitis. The request is not medically necessary.

**Acupuncture 2x4; Neck, Lumbar, Bilateral Shoulders and Left Wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture [DWC] online  
<http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedu>.

**Decision rationale:** This patient presents with the cervical spine, lumbar spine, bilateral shoulder, and bilateral wrist pain. The provider is requesting acupuncture 2 x 4, neck, lumbar, bilateral shoulders, and left wrist. The MTUS Guidelines for acupuncture states that it 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. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The records show a total of 12 acupuncture therapy visits from 10/28/2013 to 12/30/2013. The 12/23/2013 acupuncture report notes, "patient states she is able to raise the arms more." Other than the statement, none of the reports document decreased levels of pain and functional improvement while utilizing this modality. The request is not medically necessary.

**Functional Capacity Evaluations(FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 21.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7 Functional Capacity Evaluation (FCE) page 137-139

**Decision rationale:** This patient presents with the cervical spine, lumbar spine, bilateral shoulder, and bilateral wrist pain. The provider is requesting functional capacity evaluation (FCE). The ACOEM Guidelines on Functional Capacity Evaluations page 137 to 139 states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. An FCE reflects what an actual individual can do on a single day at a particular time under controlled circumstances that provide an indication of that individual's abilities. In addition, an individual's performance in an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for the duration of current work capabilities and restrictions. The records do not show any previous Functional Capacity Evaluations. There's no discussion as to why this is being requested. Routine FCEs are not supported by the guidelines unless requested by an administrator, employer, or if the information is crucial. The request is not medically necessary.