

Case Number:	CM15-0148731		
Date Assigned:	08/12/2015	Date of Injury:	09/16/2013
Decision Date:	09/16/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/31/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 67 year old male who sustained an industrial injury on 09-16-13. Initial complaints and diagnoses are not available. Treatments to date include examinations and medications. Diagnostic studies are not addressed. Current complaints include low back pain, bilateral shoulder, elbow, forearm, and hand pain; left knee pain, sleep interruption, severed depression, panic attack, and anxiety, as well as mild hypertension and diabetes. Current diagnoses include cervical and lumbar spine sprain and stain, bilateral shoulder, hip, and knee sprain and strain; bilateral hand pain, and bilateral epicondylitis. In a progress note dated 06-19-15 the treating provider reports the plan of care as x-rays of the cervical and lumbar spine, bilateral shoulders and knees, as well as acupuncture to the neck, low back, shoulders, hips, and knees, as well as extracorporeal shock wave therapy to the elbows and hands, 2 patient education classes, and an initial Functional Capacity evaluation. The requested treatments include acupuncture and acupressure to the neck, low back, shoulders, hips, and knees, as well as 2 patient education classes, an initial Functional Capacity evaluation, and extracorporeal shock wave therapy to the elbows and hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, acupressure, infrared to the neck, low back, shoulders, hips and knees 2 times a week for 4 weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture is medically necessary. According to the MTUS, a total of up to 8-12 visits over 4-6 weeks is allowed for acupuncture. In the chart, there is no mention that the patient had previous acupuncture treatment. The patient has had treatment with multiple modalities of conventional treatment including chiropractic and aquatic therapy without relief of pain and increase in function. Therefore, the request for acupuncture is reasonable and considered medically necessary.

2 patient education classes: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Education, Low back.

Decision rationale: The request is considered medically necessary. MTUS guidelines do not address the use of patient education classes. ODG guidelines state that education may be beneficial for treatment but not prevention of low back pain. According to the chart, the education classes included information on general health, various exercises, body mechanics, joint conservation, and joint prevention techniques. This will likely be beneficial for the patient's pain. Therefore, I am reversing the UR decision and consider the request to be medically necessary.

Initial 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 (ODG), Fitness For Duty Chapter, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81.

Decision rationale: As per MTUS guidelines, consider using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability. A functional capacity evaluation may be necessary to "obtain a more precise delineation of patient capabilities than is available from routine physical examination." As per

ODG guidelines, a functional capacity evaluation is "recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job." And it is not recommended for "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." There is no documentation that the patient is being admitted to a work hardening program or close or at MMI. There is no rationale for ordering this exam. Therefore, the request is not medically necessary.

Extracorporeal shockwave therapy to the elbows and hands once a week for 4 weeks:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Extracorporeal shockwave therapy (ESWT), ELBOW.

Decision rationale: The request is considered not medically necessary. MTUS guidelines and ODG guidelines recommend against the use of ESWT to treat epicondylitis. Trials have produced conflicting results. The number of recommended sessions is 3 sessions over 3 weeks. The four requested sessions would exceed this recommended amount. Therefore, the request is not medically necessary.