

<b>Case Number:</b>	CM15-0189957		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: North Carolina  
 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 63 year old male, who sustained an industrial injury on 6-19-14. Medical records indicate that the injured worker is undergoing treatment for cervical radiculitis, neck pain, left shoulder impingement syndrome, left shoulder rotator cuff tendinopathy and left shoulder pain. The injured worker is currently not working. On (9-2-15) the injured worker complained of frequent sharp left shoulder pain radiating to the left arm and cervical spine. Associated symptoms include weakness, numbness and tingling. The pain was rated 8 out of 10 on the visual analog scale. The pain was aggravated by repetitive movement and prolonged overhead reaching. The injured worker also noted constant neck pain rated 7 out of 10 on the visual analog scale. Examination of the left shoulder and cervical spine revealed a painful and decreased range of motion. Treatment and evaluation to date has included medications, x-rays, MRI of the neck and shoulder and physical therapy. Current medications include diclofenac and Nabumetone. Prior acupuncture treatments were not noted. The Request for Authorization dated 7-23-15 includes requests for a functional capacity evaluation, aqua relief system and acupuncture to the left shoulder two times a week for six weeks. The Utilization Review documentation dated 9-15-15 non-certified the requests for a functional capacity evaluation and aqua relief system and modified the request for acupuncture to the left shoulder #6 (original request #12).

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Functional Capacity Evaluation (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Fitness for Duty Guidelines for performing an FCE.

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

**Decision rationale:** The California MTUS and the ACOEM do not specifically address functional capacity evaluations. Per the ODG, functional capacity evaluations (FCE) are recommended prior to admission to work hardening programs, with preference for assessments tailored to a specific job. Not recommended as a 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. Consider FCE: 1. Case management is hampered by complex issues such as: A. Prior unsuccessful RTW attempts. B. Conflicting medical reporting on precaution and/or fitness for modified jobs. C. Injuries that require detailed exploration of the worker's abilities. 2. Timing is appropriate. A. Close or at MMI/all key medical reports secured. B. Additional/secondary conditions clarified. There is no indication in the provided documentation of prior failed return to work attempts or conflicting medical reports or injuries that require detailed exploration of the worker's abilities. Therefore, criteria have not been met as set forth by the ODG and the request is not medically necessary.

### **Aqua relief system (left shoulder): Upheld**

**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) durable medical equipment.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested item. Per the Official Disability Guidelines section on durable medical equipment, DME is primarily and customarily used to serve a medical purpose and generally not useful to a person in the absence of illness or injury. DME equipment is defined as equipment that can withstand repeated use i.e. can be rented and used by successive patients, primarily serves a medical function and is appropriate for use in a patient's home. The requested DME does not serve a purpose that cannot be accomplished without it. The prescribed equipment does not meet the standards of DME per the ODG. Therefore, the request is not medically necessary.

### **Acupuncture (left shoulder) 2 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: Acupuncture 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is not specified and thus this is in excess of the recommendation unless improvement is noted by 3-6 sessions. Therefore, the request is not medically necessary.