

<b>Case Number:</b>	CM15-0221306		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Arizona, California  
 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 68-year-old male, who sustained an industrial injury on October 18, 2011, incurring injuries to the left shoulder and left wrist. He was diagnosed with left shoulder rotator cuff tear, and left wrist internal derangement and carpal tunnel syndrome. Treatment included home exercise program, 26 sessions of physical therapy, and 7 chiropractic sessions, and restricted activities. He had left shoulder arthroscopic surgery on March 13, 2015. Currently, the injured worker complained of pain in the left shoulder and arm with numbness in the left wrist. He rated his pain 10 out of 10. He noted restricted range of motion in the left shoulder with tenderness on palpation. He was diagnosed with residual pain post-operative rotator cuff repair. The treatment plan that was requested for authorization included acupuncture treatments twice a week for six weeks to the left shoulder and a Final Physical Performance (FCE). On October 13, 2015, a request for acupuncture treatments to the left shoulder was modified from six weeks to twice a week for three weeks and a request for (FCE) was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks to left shoulder:** Upheld

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

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

**Decision rationale:** "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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has completed numerous sessions of physical therapy and chiropractor therapy. Although, acupuncture may be beneficial, the request for 12 sessions exceeds the guidelines recommendations and is not a medical necessity.

**Final Physical Performance (FCE):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Functional improvement measures, Functional restoration programs (FRPs).

**Decision rationale:** According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, No documentation on work hardening is provided. The claimant had undergone physical therapy at which time functional performance can be assessed. As a result, a functional capacity evaluation for the dates in question is not medically necessary.