

<b>Case Number:</b>	CM15-0053639		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/26/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 30 year old male who sustained an industrial injury on January 26, 2014. The injured worker received chiropractic therapy, physical therapy and acupuncture therapy to the left shoulder and lower back with clinical improvement and medications. The injured worker was diagnosed with shoulder and upper arm sprain/strain, cervicothoracic sprain/strain and lumbar spine strain. According to the primary treating physician's progress report on February 25, 2015, the injured worker continues to experience low back pain with radiation to the left leg and left shoulder pain with weakness and inability to sleep on shoulder. Examination noted reduced range of motion of the left shoulder with positive impingement and Speed's signs. Negative drop arm was noted and sensation was intact. Lumbar spine examination demonstrated tenderness of the lumbar paraspinal muscles and sciatic notches, positive straight leg raise and diminished range of motion. Sensation and motor were intact. No current medications were documented. The injured worker is on temporary total disability (TTD) with restrictions. Treatment plan is the requested authorization for Functional Capacity Evaluation (FCE), pain management consultation, 18 acupuncture therapy sessions, and range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 range of motion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder ( Acute and Chronic) / Range of motion. ) Low-back Lumbar and Thoracic (Acute and Chronic). Range of motion/Flexibility.

**Decision rationale:** The MTUS/ACOEM did not specifically address the use of special range of motion measurements and therefore other guidelines were consulted. Per the ODG: "Recommended. Range of motion of the shoulder should always be examined in cases of shoulder pain, but an assessment of passive range of motion is not necessary if active range of motion is normal. Loss of both active and passive range of motion suggests adhesive capsulitis or glenohumeral osteoarthritis." An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. They do not recommend computerized measures of range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. A review of the injured workers medical records do not reveal any specific reasoning that would necessitate special range of motion measurement other than what is normally done in a physical examination and there is no discussion as to how these measurements would aid in further management of the injured worker. Therefore, the request range of motion measurement is not medically necessary.

**18 acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic). Acupuncture.

**Decision rationale:** The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. 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. 1-3 times a week for 1-2 months. Per the ODG, it is recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery. "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" Based on the guidelines the request for 18 acupuncture sessions exceeds the guideline recommendations of an initial trial of 3-4 visits with up to 12 visits and is not medically necessary.

## **1 pain management consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment 4/27/2007 pg 56.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / office visits.

**Decision rationale:** The MTUS / ACOEM did not specifically address pain management consultation however per the MTUS, referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Per the ODG, office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Therefore based on the injured workers clinical presentation and the guidelines the request for 1 pain management consult is medically necessary.

## **1 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 Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / Functional capacity evaluation (FCE).

**Decision rationale:** The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as

much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts; Conflicting medical reporting on precautions and/or fitness for modified job; Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured; Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance; The worker has returned to work and an ergonomic assessment has not been arranged. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore, the request for functional capacity evaluation is not medically necessary.