

<b>Case Number:</b>	CM15-0057270		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, New York, California  
 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 applicant is a represented 44-year-old who has filed a claim for chronic wrist, hand, shoulder, and neck pain reportedly associated with an industrial injury of April 29, 2014. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve requests for acupuncture and a functional capacity evaluation. It was suggested that the applicant had completed 22 sessions of acupuncture through this point in time, without profit. The applicant's attorney subsequently appealed. In a February 11, 2015 RFA form, acupuncture, manual acupuncture, myofascial release therapy, electrical stimulation, diathermy, and infrared therapy were endorsed. In an associated progress note of the same date, February 11, 2015, the applicant was placed off of work, on total temporary disability. Functional capacity testing was sought in conjunction with the request for additional acupuncture. The attending provider acknowledged that the applicant had completed 22 previous sessions of acupuncture. Severe neck, shoulder, hand, and wrist pain were reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture therapy 3 times a week for 2 weeks: Upheld**

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

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

**Decision rationale:** No, the request for six additional sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request, February 11, 2015, suggesting a lack of functional improvement as defined in section 9792.20f. Therefore, the request for additional acupuncture was not medically necessary.

**Qualified functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** Similarly, the request for qualified functional capacity evaluation was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant was off of work, on total temporary disability, as of the date of the request, February 11, 2015. There was no indication that the attending provider was intent on employing the functional capacity evaluation to alter the applicant's work status and/or work restrictions. It did not appear that the applicant had a job to return to at this late stage in the course of the claim. A clear rationale for pursuit of functional capacity testing was not furnished in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.