MAXIMUS Federal Services

Case Number:	CM14-0113543		
Date Assigned:	08/01/2014	Date of Injury:	01/09/2014
Decision Date:	09/29/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male who has submitted a claim for enthesopathy of right wrist status post laceration associated with an industrial injury date of 1/9/14. Medical records from 2014 were reviewed. The patient complained of left thumb pain status post laceration. He had increased pain, rated 6/10 in severity, and decreased strength of left thumb. The patient likewise complained of pain at the neck, bilateral shoulders, bilateral upper extremities, associated with numbness and tingling sensation. The patient previously worked as a machine operator requiring him to lift approximately 34 pounds of objects, to operate on foot controls, to bend, to squat, to push, and to pull heavy objects. The patient is currently working as a supervisor and is able perform modified work duties with restrictions of lifting limited to 5 pounds of objects and without repetitive hand movements. Physical examination showed decreased range of motion with opposition and tenderness at the base of the left thumb. The documented rationale for acupuncture is to reduce the need for medications. MRI of the left hand, dated 7/15/2014, revealed minor first flexor tenosynovitis and metacarpal phalangeal joint synovitis. Treatment to date has included 12 sessions of physical therapy and medications. Utilization review from 07/07/2014 denied the request for Initial Functional Capacity Evaluation for the left hand because of continuing diagnostic work up and more detailed patient history should be presented to document functional capacity; and denied Acupuncture two times a week for six weeks for the left hand because it was unclear if it will be used as an adjunct to physical rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Functional Capacity Evaluation for the left hand: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139; Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation.

Decision rationale: As stated on pages 132-139 of the California MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, The Official Disability Guidelines states that 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 FCE should not be performed if the worker has not returned to work and an ergonomic assessment has not been arranged. In this case, patient previously worked as a machine operator requiring him to lift approximately 34 pounds of objects, to operate on foot controls, to bend, to squat, to push, and to pull heavy objects. The patient is currently working as a supervisor since the industrial injury occurred. He is able perform under modified work duties with restrictions of lifting limited to 5 pounds of objects and without repetitive hand movements. There is no detailed discussion concerning work duties as a supervisor. There is likewise no evidence that patient encountered difficulty in his current work duties. There is likewise no ergonomic assessment of the workplace which is required since the patient has resumed working. There is no clear indication for this request. Therefore, the request for functional capacity evaluation for the left hand is not medically necessary.

Acupuncture two times a week for six weeks for the left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture Medical Treatment Guidelines state that 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. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient complained of left thumb pain, rated 6/10 in severity, and decreased strength. Physical examination showed decreased range of motion with opposition and tenderness at the base of the left thumb. The documented rationale for acupuncture is to reduce the need for medications. Symptoms persisted despite physical therapy; hence, a trial of

acupuncture is a reasonable treatment option. However, the present request for 12 sessions exceeded guideline recommendation of an initial trial of 3 to 6 visits. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Acupuncture two times a week for six weeks for the left hand is not medically necessary.