

Case Number:	CM14-0041382		
Date Assigned:	06/20/2014	Date of Injury:	05/25/2005
Decision Date:	07/17/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/14/2014

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 New Jersey. 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 claimant is a 58 year old male who was injured on 5/25/05 after falling. He was diagnosed with cervical disc disease, cervical strain with radiculopathy, right shoulder rotator cuff injury (status post repair), right shoulder impingement syndrome, right elbow cubital tunnel syndrome, adjustment disorder, right wrist arthralgia, chronic pain syndrome of right upper extremity and right hand tenosynovitis. He continued to suffer from chronic pain in his right shoulder which he had prior to his injury, as well as intermittent neck, lower back, and right leg pain. He was treated with physical therapy, acupuncture (12+ sessions), surgery (neck), oral medications, chiropractor visits, massage therapy, topical analgesics, cannabis, steroid injections, home exercises, and benzodiazepines and overall, according to his treating physicians had not improved with his treatment over the years following 2005. After 12 sessions of acupuncture and physical therapy, his neurologist recorded the worker's report (on 10/30/13) of his pain decreasing at the right neck and right shoulder, rated at a 2-4/10 on the pain scale, but only temporarily. On 12/11/13, he saw his pain specialist reporting doing more physical therapy and acupuncture which he stated was "working well" and that he wanted to return to work. A functional capacity evaluation was recommended. He was later seen by his neurologist reporting again of his prior pain relief with acupuncture and he was recommended 8 more sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 9) pg. 204; Acupuncture Medical Treatment Guidelines. Non-MTUS Citation: Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Prevention (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 1) pg.12; General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) pg. 21.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In this case, the patient had experienced some pain reduction with acupuncture, but continued use of this modality requires functional assessments related to its use, which was not seen in the documentation provided for review. Therefore, the request for 8 sessions of acupuncture is not medically necessary and appropriate.

1 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 (ODG), Fitness For Duty section, Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS Prevention (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 1) pg.12; General Approach to Initial Assessment and Documentation (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2) pg.21. Non-MTUS Citation: Official Disability Guidelines (ODG), Fitness for Duty section, Functional Capacity Evaluation (FCE).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the pre-placement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The Official Disability Guidelines (ODG) goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at MMI with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In this case, there is no record found in the documents provided by the treating physicians of the worker qualifying for or requiring an

FCE. In the notes provided, no record was found stating how the worker had been functioning at his workplace with the work restrictions, and what specific tasks or duties were needed for evaluation as part of the FCE. Furthermore, the physician's request for an FCE was for the purpose of identifying the extent of the patient's limitations due to his injuries and pain, which does not alone fulfill the criteria for use of an FCE. Therefore the FCE is not medically necessary and appropriate.