

<b>Case Number:</b>	CM14-0091003		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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:

This is a 40-year-old patient who reported an industrial injury to the right index finger on 2/20/2014, over nine (9) months ago, attributed to the performance of her usual and customary job tasks reported as massaging a client and perceiving a snapping sensation in her right index finger, which was followed by pain in her right shoulder, right elbow, and right wrist. The patient was reported to complain of pain to the bilateral shoulders, wrists, and hands. The patient was ordered a MRI of the left elbow. The patient was treated with Motrin. The patient reported continuous pain in the right wrist, hand, and index finger. She complains of numbness tingling sensation weakness and loss of grip. The objective findings on examination included tenderness and spasm of the right upper trapezius and rhomboid; tenderness in the right pectoralis, latissimus dorsi, rotator cuff, bicipital groove, AC joint, subacromial space, glenohumeral joint; range of motion of the shoulder documented; positive impingement test; tenderness of the medial epicondyles; positive Tinel's sign at the cubital tunnel; bilateral hands with modeling, swelling, and vasomotor instability; tenderness the bilateral thenar Eminence; positive Tinel's sign; positive Finkelstein's bilaterally decreased sensation of pinprick in the bilateral Palm, ulnar, and median aspects; tenderness to the bilateral thumb MCP joint and PIP joint." The diagnoses included right shoulder sprain/strain, bilateral wrist sprain/strain, bilateral hand sprain/strain, bilateral elbow sprain/strain, and bilateral second finger and thumb sprain/strain. The treatment plan included x-rays, physical therapy, medications, and FCE, and acupuncture 2 x 4 directed to the right index finger.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 right index finger:** 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 chapter-acupuncture

**Decision rationale:** The treating physician requested acupuncture sessions to the right index finger based on persistent chronic pain due to the reported industrial injury and muscle pain not controlled with medications and home exercises. There are no documented muscle spasms to the right index finger. The request is not consistent with the recommendations of the CA Medical Treatment Utilization Schedule for the treatment with acupuncture. The patient is not demonstrated to be participating in a self-directed home exercise program for conditioning and strengthening. The recent clinical documentation demonstrates that the patient has made no improvement to the cited body parts with the provided conservative treatment; however continues to have ongoing right hand and upper extremity pain. Acupuncture is not recommended as a first line treatment and is authorized only in conjunction with a documented self-directed home exercise program. There is no documentation that the patient has failed conventional treatment. The use of acupuncture was requested only in that she had not received it in the past. There was no rationale supporting the use of acupuncture to the fingers. An initial short course of treatment to demonstrate functional improvement through the use of acupuncture is recommended for the treatment of chronic pain issues, acute pain, and muscle spasms. The continuation of acupuncture treatment would be appropriately considered based on the documentation of the efficacy of the initial sessions of acupuncture with objective evidence of functional improvement. Functional improvement evidenced by the decreased use of medications, decreased necessity of physical therapy modalities, or objectively quantifiable improvement in examination findings and level of function would support the medical necessity of 8-12 sessions over 4-6 weeks. There is no demonstrated medical necessity for the requested 2 x 4 sessions of acupuncture directed to the right index finger. The request for a trial of acupuncture 2x4 sessions directed to the right index finger is not supported with objective evidence and is inconsistent with the recommendation of the CA MTUS.

**FCE (Functional Capacity Exam):** 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, Guidelines for performing an FCE

**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 pages 132-139; chapter 7, pages 137-138 Official Disability Guidelines (ODG), fitness for duty chapter, functional capacity evaluation

**Decision rationale:** The ODG recommends that the FCE is not ordered routinely. There are no complex issues identified such as prior unsuccessful attempt so return to work or conflicting reports for fitness to perform work. The objective findings on examination did not support the medical necessity of a FCE to establish work restrictions. There is no medical necessity for the requested functional capacity evaluation prior to evaluating whether or not the employer is able to accommodate the provided work restrictions. The Functional Capacity Evaluation (FCE) is not demonstrated to be medically necessary and has not been requested by the employer. The FCE is requested for reported chronic left hand pain with no changes on the current documented objective findings on examination. The FCE was not demonstrated to be medically necessary for the evaluation and treatment of the patient nine (9) months after the cited DOI. The patient can be cleared without the medical necessity of an FCE based on the results of the documented physical examination. The objective findings on examination indicate that the patient would be able to perform the documented job requirements. There is no demonstrated medical necessity for the FCE to establish a clearance. The request for authorization was made to establish a "baseline," which was adequately provided with the documented physical examination. There are no recommendations by evidence-based guidelines to perform a FCE to establish a baseline for the treatment of the patient for the cited industrial injury that is related to the diagnoses of right shoulder sprain/strain, bilateral wrist sprain/strain, bilateral hand sprain/strain, bilateral elbow sprain/strain, and bilateral second finger and thumb sprain/strain. There is no objective subjective/objective evidence provided to support the medical necessity of the requested functional capacity evaluation for the effects of the reported industrial injury or whether or not the ability to perform the patient's job description is affected. There is no indication that the FCE is required to establish the patient current status to perform modified work presently offered by the employer. There is no indication that the employer cannot accommodate the specified work restrictions due to the effects of the industrial injury to the BUEs. There is no demonstrated medical necessity for the FCE for the cited diagnoses nine (9) months after the date of injury. The request for the FCE is not supported with objective medically based evidence to establish the medical necessity of a FCE for this patient and was request only to establish a final "baseline." There is no demonstrated medical necessity for the requested FCE and the request is not supported with objective evidence.