

Case Number:	CM14-0091351		
Date Assigned:	07/25/2014	Date of Injury:	01/20/2013
Decision Date:	09/19/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 69-year-old female who reported an injury on 01/20/2013. There was reportedly a cart with computers, keyboards and screens that tipped over and landed on her right shoulder and back. On 05/28/2014, the injured worker presented with bilateral shoulder pain. Upon examination, there was normal cervical lordosis and tenderness to palpation to the cervical and upper thoracic paraspinal muscles. There was 5/5 strength in the deltoids, biceps, triceps, wrist extension and flexion. There was normal sensation to the bilateral upper extremities and 2+ deep tendon reflexes in the biceps, triceps, and brachial radialis. Examination of the right shoulder revealed tenderness to palpation in the area of the upper trapezius, levator and rhomboid muscle groups on the right and acromioclavicular joint. The range of motion values for the right shoulder were 30 degrees of extension, 80 degrees of flexion, 40 degrees of internal and external rotation, and 70 degrees of abduction and 50 degrees of adduction. There was 4/5 strength in the right flexion, internal and external rotation and abduction and adduction. X-rays performed on 05/28/2014 revealed no fractures or bony abnormalities and radiographs that were taken of the right shoulder on 05/28/2014 revealed severe arthritis in glenohumeral joint. The diagnoses were myoligamentous cervical sprain/strain, myoligamentous thoracic spine sprain/strain, thoracic spine spondylosis, possible rotator cuff tear of the right shoulder and severe glenohumeral joint arthritis of the right shoulder. The provider recommended acupuncture for the right shoulder and a Functional Capacity Evaluation for the right shoulder. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 times 6 for the right shoulder is not medically necessary. The California MTUS state acupuncture is used as an option when pain medication is reduced or not tolerated, and it must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture should be performed within 3 to 6 treatments for up to 1 to 3 times a week with an optimum duration of 1 to 2 months. There is lack of documentation that the injured worker participates in an active treatment program to include physical therapy or home exercise, can be used as an adjunct to acupuncture treatment. Additionally, the injured worker is not intolerant of other medication. There is also lack of documentation of the prior use of acupuncture treatment and the efficacy of the prior treatments. As such, the request is not medically necessary.

Functional Capacity Evaluation (FCE) for Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluations (FCEs). Decision based on Non-MTUS Citation WSIB, 2003.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG Fitness For Duty, Functional Capacity Evaluation.

Decision rationale: The request for Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM state that a Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission of a work hardening program with preference for assessment either to a specific job or task. Functional Capacity Evaluations are not recommended for routine use. The lack of objective findings upon physical examination demonstrates significant functional deficit. The documentation lacked evidence on how a Functional Capacity Evaluation will aid the provider in evolving treatment plan or goals. There is also lack of documentation of other treatments the injured worker underwent previous and the measures of progress, as well as efficacy of the prior treatments. Therefore, medical necessity has not been established.