MAXIMUS Federal Services

Case Number:	CM14-0212960		
Date Assigned:	12/30/2014	Date of Injury:	12/09/2012
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Ohio, 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 Employers Compensation Insurance beneficiary who has filed a claim for chronic shoulder, elbow, wrist, hand, neck, and shoulder pain reportedly associated with cumulative trauma at work between the dates July 9, 2012 and July 9, 2013.In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for a functional capacity evaluation and six sessions of acupuncture. The claims administrator referenced progress notes of August 29, 2014 and October 31, 2014 in its determination.The applicants attorney subsequently appealed.On May 20, 2014, the applicant reported multifocal complaints of neck, shoulder, elbow, wrist, and hand pain, reportedly imputed to cumulative trauma at work. The applicant had reportedly completed six sessions of work hardening, the treating provider suggested. A rather proscriptive 10-pound lifting limitation was endorsed. MRI imaging of the shoulder and a functional capacity evaluation were sought. It did not appear that the applicant was working.On December 23, 2014, the applicant again reported multifocal complaints of shoulder, neck, elbow, wrist, and hand pain. The applicant had completed 12 sessions of acupuncture, the attending provider acknowledged. Additional acupuncture was sought for the same. A rather proscriptive, unchanged 10-pound lifting limitation was endorsed.On December 5, 2014, the attending provider stated that he was seeking six sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three times a week for two weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: 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, there has been no such demonstration of functional improvement as defined in Section 9792.20f, despite completion of at least 12 prior sessions of acupuncture. The applicant remains off of work. A rather proscriptive 10-pound lifting limitation remains in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary..

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) Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: 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 to determine work capability, in this case, however, the applicant was/is off of work. The attending provider has performed several prior functional capacity evaluations and has gone on to renew the rather proscriptive 10-pound lifting limitation from visit to visit. It does not appear, thus, that the attending provider is intent on employing the functional capacity evaluation to alter the applicants work status and/or to determine work capability. Furthermore, the applicant does not appear to have a job to return to. It is not clear, thus, why a functional capacity testing is being sought in the clinical and vocational context present here. Therefore, the request was not medically necessary..