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| Case Number: | CM15-0013351 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 02/01/2011 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female with an industrial injury dated 02/01/2012. Her diagnoses include rotator cuff syndrome, carpal tunnel syndrome, lumbago, cervical degenerative spine disease, and chronic left shoulder impingement syndrome. Recent diagnostic testing was not submitted or discussed. She has been treated with medications, physical therapy (8 sessions), and acupuncture (8 sessions). In a progress note dated 01/05/2015, the treating physician reports slight improvement in the left shoulder with ability to lift it higher, soreness and mild numbness to the hand/wrist, increased stiffness in the low back with a tight pulling kind of pain. Pain ratings included 4/10 to the left shoulder, 2/10 to the wrist/hands, 1/10 to the low back, and 3/10 to the neck. The objective examination revealed decreased range of motion in the cervical spine (unchanged), and restricted range of motion to the left shoulder with tenderness (unchanged). The treating physician is requesting additional physical and acupuncture and a functional capacity evaluation which were denied by the utilization review. On 01/12/2015, Utilization Review non-certified a request for continued physical therapy 2 times per week for 4 weeks, noting the lack of documented objective functional improvement. The MTUS Guidelines were cited. On 01/12/2015, Utilization Review non-certified a request for continued acupuncture 2 times per week for 4 weeks, noting the lack of documented objective functional improvement. The MTUS ACOEM Guidelines were cited. On 01/12/2015, Utilization Review non-certified a request for a functional capacity evaluation, noting the absence of prior return to work attempts, and the lack of reliability and validity with these evaluations. The ACOEM and ODG Guidelines were cited. On 01/23/2015, the injured worker submitted an application for IMR for review of

continued physical therapy 2 times per week for 4 weeks, continued acupuncture 2 times per week for 4 weeks, and a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Physical Therapy 2 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with left shoulder pain, pain in bilateral wrists/hands, neck pain, lower back pain. The treater has asked for continued physical therapy 2 times a week for 4 weeks on 1/8/15. The patient was authorized for 8 physical therapy sessions per utilization review letter dated 10/28/14, and attended 6 sessions from 11/6/14 to 11/20/14 per physical therapy reports. The 1/8/15 report states the patient had subjective improvement from prior physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient has returned to work as of 10/3/14 with restrictions: no lifting over 5-10 pounds. In this case, the patient had 6 recent sessions of physical therapy with improvement, and a short course of treatment may be reasonable for a flare-up, declined function or new injury. Prior physical therapy was shown to be effective. The treater is requesting an additional 8 sessions. However, the treater does not indicate any rationale or goals for the requested additional sessions of therapy. Given the patient's recent 6 sessions, the requested additional 8 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

Continue Acupuncture 2 Times A Week for 4 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with left shoulder pain, pain in bilateral wrists/hands, neck pain, lower back pain. The treater has asked for continued acupuncture 2 times a week for 4 weeks on 1/8/15. The patient was authorized for 8 acupuncture sessions per utilization review letter dated 10/28/14, and attended 6 sessions from 2/9/14 to 12/19/14 per physical therapy reports. The 1/8/15 report states that prior acupuncture was effective. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. The patient has returned to work as of 10/3/14 with restrictions: no lifting over 5-10 pounds. In this case, the patient has had 6 recent acupuncture treatments for one month, with noted benefit. For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant

change in ADL's, or change in work status, AND reduced dependence on medical treatments must be documented. Given the lack of such documentation following recent acupuncture, the request IS NOT medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations

Decision rationale: This patient presents with left shoulder pain, pain in bilateral wrists/hands, neck pain, lower back pain. The treater has asked for functional capacity evaluation on 1/8/15 "as crucial to accurately assess work restrictions and potential for further recovery with treatment." Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. The patient has returned to work as of 10/3/14 with restrictions: no lifting over 5-10 pounds. In this case, the treater does not indicate any special circumstances that would require a functional capacity evaluation. There is no description of the job to determine why the physical demands would be potentially unsafe and how information from FCE is crucial for the patient's return to work. Routine FCE's are not supported by the guidelines. The request IS NOT medically necessary.