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| Case Number: | CM15-0127902 | | |
| Date Assigned: | 07/14/2015 | Date of Injury: | 09/10/2012 |
| Decision Date: | 08/18/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 07/02/2015 |

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 61-year-old male who sustained an industrial injury on 9/10/12. The mechanism of injury was unclear. He currently complains of sharp, stabbing right ankle pain with a pain level of 7/10. Medications offer temporary relief and improve his ability to have a restful sleep. On physical exam, there was tenderness on palpation over the lateral malleolus, anterior talofibular ligament and transverse arch with decreased range of motion and positive anterior and posterior drawer tests. Medications were depriazine, dicoprofanol, Fanatrex, Synaryn, tabradol, Cyclobenzaprine, Ketoprofen cream. Diagnoses include right ankle sprain/ strain; right ankle tenosynovitis. Treatments to date include medications; shockwave therapy. Diagnostics include MRI of the right ankle (9/14/14) showing joint effusions, tenosynovitis; MRI of the right ankle (4/17/15) showing plantar fasciitis, peroneus longus and brevis partial tendon tears, Achilles tendinitis. In the progress note dated 5/1/15 the treating provider's plan of care includes requests for acupuncture three times per week for six weeks for the right ankle; functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines MTUS pg 13 of 127.

Decision rationale: This patient presents with right ankle pain. The current request is for Acupuncture, 18 sessions. Treatments to date include medications, TENS unit, brace, chiropractic treatments, acupuncture, physical therapy, PRP therapy and shockwave therapy. The patient is to remain off work until 06/02/15. 9792.24.1 Acupuncture Medical Treatment Guidelines MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." According to progress report 05/01/15, the patient rates his ankle pain as 7/10. Objective findings revealed tenderness on palpation over the lateral malleolus, anterior talofibular ligament and transverse arch with decreased range of motion and positive anterior and posterior drawer tests. Under treatment plan, the treater noted; "Patient is to undergo a course of acupuncture treatment for the right ankle in a frequency of 3 times per week for a period of 6 weeks." Eighteen acupuncture treatment reports from 1/20/15 through 03/20/15 were reviewed. The reports indicate severity of pain level to be fluctuating between 0/10 and 4/10. The treatment modality included infrared light and electrical stimulation. Three of the twelve reports have check marked on "responding" to treatment, the remaining reports are left blank. In this case, the request for 18 additional sessions of acupuncture for this patient's chronic pain, has exceeded guideline recommendations and there is no documentation of functional improvement. MTUS guidelines specify 3 to 6 treatments initially, with additional acupuncture contingent on functional improvement as defined in section 9792.20(e). Such excessive number of sessions without prior documented efficacy cannot be substantiated. Therefore, the request is not medically necessary.

Functional capacity evaluation: 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: Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE).

Decision rationale: This patient presents with right ankle pain. The current request is for Functional capacity evaluation. Treatments to date include medications, TENS unit, brace, chiropractic treatments, acupuncture, physical therapy, PRP therapy and shockwave therapy. The patient is to remain off work until 06/02/15. Regarding functional capacity evaluation, ACOEM Guidelines Chapter page 137 states, "The examiner is responsible for determining whether the

impairment results in functional limitations." The employer or claim administrator may request functional ability evaluations. "There is no significant evidence to confirm that FCEs predict an individual's actual capacity to perform in a workplace." ODG Fitness For Duty, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, under Functional capacity evaluation (FCE) states: "Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. Not recommend routine use as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally." According to progress report 05/01/15, the patient continued ankle pain is rated 7/10 on a pain scale. Objective findings revealed tenderness on palpation over the lateral malleolus, anterior talofibular ligament and transverse arch with decreased range of motion and positive anterior and posterior drawer tests. Current medications included Deprizine, Dicopanlol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, and Ketoprofen cream. Medications offered temporary relief and improved ability to have restful sleep. Under treatment plan, the treater noted "patient is referred for a functional Capacity Evaluation (FCE)." A rationale for the request was not provided. Functional capacity evaluations are recommended by ODG as a prerequisite to work hardening programs designed to return a patient to the workforce. ACOEM and ODG do not support functional capacity evaluations solely to predict an individual's work capacity, unless the information obtained is crucial or requested by the adjuster/employer. The treating physician's assessment of the patient's limitations is as good as, what can be obtained via an FCE. This patient does not meet guideline criteria for such an evaluation. Therefore, the request IS NOT medically necessary.