

Case Number:	CM15-0091716		
Date Assigned:	05/18/2015	Date of Injury:	06/10/2013
Decision Date:	06/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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: Emergency 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 injured worker is a 63 year old female who sustained an industrial injury on 6/10/13. The injured worker was diagnosed as having cervical spine sprain/strain, rule out cervical spine degenerative disc disease, right shoulder sprain/strain, right elbow sprain/strain, right wrist sprain, rule out right shoulder internal derangement and cervical spine osteophyte formation with nerve root indentation. Currently, the injured worker was with complaints of right upper extremity pain. Previous treatments included home exercise program, medication management, functional capacity evaluation, occupational therapy and physical therapy. Previous diagnostic studies included an electromyography revealing bilateral median neuropathy at the wrist. Radiographic studies revealed moderate to severe first carpometacarpal joint space osteoarthritis. The plan of care was for acupuncture treatment, a functional capacity evaluation and analgesic topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 132-139.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137-138, Chapter 7.

Decision rationale: The requested Functional capacity evaluation is not medically necessary. CA MTUS, The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "there is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has right upper extremity pain. Previous treatments included home exercise program, medication management, functional capacity evaluation, occupational therapy and physical therapy. Previous diagnostic studies included an electromyography revealing bilateral median neuropathy at the wrist. Radiographic studies revealed moderate to severe first carpometacarpal joint space osteoarthritis. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Functional capacity evaluation is not medically necessary.

Analgesic topical creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Analgesic topical creams, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has right upper extremity pain. Previous treatments included home exercise program, medication management, functional capacity evaluation, occupational therapy and physical therapy. Previous diagnostic studies included an electromyography revealing bilateral median neuropathy at the wrist. Radiographic studies revealed moderate to severe first carpometacarpal joint space osteoarthritis. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Analgesic topical creams is not medically necessary.

Acupuncture 2 times a week for 6 weeks to the cervical spine, right shoulder, elbow and wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested Acupuncture 2 times a week for 6 weeks to the cervical spine, right shoulder, elbow and wrist, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has right upper extremity pain. Previous treatments included home exercise program, medication management, functional capacity evaluation, occupational therapy and physical therapy. Previous diagnostic studies included an electromyography revealing bilateral median neuropathy at the wrist. Radiographic studies revealed moderate to severe first carpometacarpal joint space osteoarthritis. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented the medical necessity for sessions beyond a trial of 4-6 sessions and then re-evaluation. The criteria noted above not having been met, Acupuncture 2 times a week for 6 weeks to the cervical spine, right shoulder, elbow and wrist is not medically necessary.