

Case Number:	CM14-0133459		
Date Assigned:	08/25/2014	Date of Injury:	04/10/2013
Decision Date:	12/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/20/2014

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 and Rehabilitation and is licensed to practice in California. 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:

This 65 year-old patient sustained an injury on 4/10/13 while employed by [REDACTED]. Request(s) under consideration include Functional capacity evaluation and Acupuncture 3 x 4 to cervical/lumbar spine and right knee. Diagnoses include cervical radiculopathy; lumbosacral radiculopathy s/p right hemilaminectomy; and knee tendinitis/bursitis. Neurodiagnostic studies of bilateral lower extremities showed normal findings. Report of 5/28/14 from the provider noted the patient with chronic ongoing cervical, low back, and right knee pain. The patient was noted to be attending physical therapy, increasing range and functional capacity. Exam showed diffuse tenderness at paravertebral muscles of the cervical and lumbar spine with mild spasm; decreased range on flex/ext with discomfort of right knee range against gravity. Treatment plan included Synvisc injection for right knee and 12 additional sessions of acupuncture. Report of 6/25/14 noted patient with cervical and lumbar pain. Exam documented "Loss of range of motion" (unspecified joint, degree, or planes). Treatment included medication. The request(s) for Functional capacity evaluation and Acupuncture 3 x 4 to cervical/lumbar spine and right knee were non-certified on 7/24/14 citing guidelines criteria and lack of medical necessity.

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 Official Disability Guidelines (ODG), FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: Reports from the provider noted the patient was working the usual and customary work duties. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to work her regular usual and customary work duties as noted on multiple reports by the provider. Additionally, per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The request for Functional Capacity Evaluation is not medically necessary and appropriate.

Acupuncture 3 x 4 to Cervical/Lumbar Spine and Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has received previous acupuncture treatment. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this 2013 injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Acupuncture 3 x 4 to Cervical/Lumbar Spine and Right Knee is not medically necessary and appropriate.