

<b>Case Number:</b>	CM14-0140311		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/10/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 Pain Management 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:

The injured worker is a 42-year-old female who sustained injuries to her lower back, left ankle, left shoulder, and left arm on 02/10/11. She reported constant lower back pain rating 6/10 and intermittent left shoulder pain rating 8/10, intermittent bilateral wrist pain rating 3/10, intermittent bilateral hip pain rating 3/10 and intermittent bilateral foot and ankle pain rating 9/10. The pain worsens with activities of daily living, standing, walking, and repetitive use. The pain was relieved with medications, rest, and gels. On 04/12/13, she was given Kenalog injections to the lower extremity. On exam, Jamar grip test on the right was 18, 20, 16 kg and on the left 10, 10, 10 kg. Lumbar spine exam revealed tenderness over the bilateral paraspinals and quadratus lumborum. There was spasm over the bilateral quadratus lumborum. Her range of motion was improved. Lumbar spine facets extension/rotation test was positive bilaterally. Magnetic resonance imaging scan of the left shoulder on 01/21/14 revealed minimal subscapularis bursitis, minimal glenohumeral joint effusion, osteoarthropathy of acromioclavicular joint. Her diagnoses include lumbar spine sprain/strain, multilevel disc protrusion, 4-5mm with neural foraminal narrowing, left shoulder bursitis, effusion, acromioclavicular osteoarthritis, bilateral wrist rule out internal derangement, bilateral hip, rule out internal derangement, and bilateral foot/ankle rule out internal derangement. She was prescribed Menthoderm gel, naproxen, and omeprazole; additionally, she was doing physical therapy. The request for acupuncture lumbar spine and left wrist was modified to acupuncture x 6 for the low back on 08/15/14. The request for functional capacity evaluation was denied on 08/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture lumbar spine and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Fitness for Duty Chapter

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per the Acupuncture Medical Treatment Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, there is no evidence of pain medication being reduced or not tolerated. There is no evidence of any surgical intervention. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

**Functional Capacity Evaluation (FCE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FCE. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Functional capacity evaluation (FCE)

**Decision rationale:** As per Official Disability Guidelines, a functional capacity evaluation is considered if case management is hampered by complex issues such as: prior unsuccessful return to work attempts, conflicting medical reporting on precautions and /or fitness for modified job, injuries that require detailed exploration of a worker's abilities; and timing is appropriate: close or at maximum medical improvement/all key medical reports secured, additional / secondary conditions clarified. Functional capacity evaluation is recommended prior to admission to a work hardening program. The guidelines state criteria for admission to work hardening program; "(5) Previous physical therapy: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches. (6) Rule out surgery: The injured worker is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery)". In this case, the medical records do not show the above criteria are met. Thus the request is not medically necessary.