

Case Number:	CM13-0019350		
Date Assigned:	11/08/2013	Date of Injury:	01/29/2013
Decision Date:	08/15/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 29, 2013. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of April 25, 2013, apparently notable for a C6-C7 cervical radiculopathy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 22, 2013, the claims administrator denied an MR arthrogram of the left shoulder and six sessions of acupuncture while approving a one-time pain management consultation. On August 5, 2013, the claimant's treating provider sought authorization for a cervical epidural steroid injection. It was acknowledged that the claimant was off of work and would remain off of work, on total temporary disability. In a handwritten note dated July 30, 2013, the claimant was described as having completed six sessions of acupuncture with the partial benefit. The claimant nevertheless reported ongoing complaints of pain. The claimant was placed off of work, on total temporary disability. Limited range of motion about the shoulder is noted, with flexion and abduction at 164 to 165 degree range. The note was handwritten and difficult to follow. The attending provider scored the claimant's strength at 4/5 and then stated, somewhat incongruously, in another section of the report, that the claimant had no weakness in all plains. MR arthrography of the shoulder was sought to evaluate for a labral tear, given the claimant's failure to respond favorably to conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA (L) SHOULDER: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3 Shoulder Diagnostic and Treatment Considerations Diagnostic Testing and Other Testing Magnetic Resonance (MR) Arthrogram.

Decision rationale: The MTUS/ACOEM Guidelines Chapter 9, acknowledge that an MRI positive for lateral tear can help to establish a diagnosis of labral tear, as is suspected here. Furthermore, the Third Edition ACOEM Guidelines do acknowledge that MR arthrography is "recommended" for diagnosing labral tears in select applicants with subacute or chronic shoulder pain. In this case, the applicant does have a presentation which is suspicious for a labral tear, the treating provider has posited. The applicant does exhibit limited range of motion and limited strength about the injured shoulder, it is acknowledged through the attending provider admittedly difficult to follow and, at times, incongruous handwritten reporting of the applicant's presentation. Given the applicant's persistent complaints of shoulder pain, diminished shoulder strength, and diminished shoulder range of motion, MR arthrography did clearly delineate the presence or absence of labral tear is indicated. Therefore, the request for a MRA (L) shoulder is medically necessary and appropriate.

Six acupuncture treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant had had at least six prior sessions of acupuncture as of the date of the request. As noted in the MTUS, acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, there is no such evidence of functional improvement. The applicant is off of work, on total temporary disability. The applicant's pain complaints are heightened, as opposed to reduced, despite earlier acupuncture. The fact that MR arthrography is being sought further implies the failure of earlier conservative treatments, including earlier acupuncture. Accordingly, the request for six additional sessions of acupuncture is not medically necessary and appropriate.