

Case Number:	CM13-0056318		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2013
Decision Date:	05/20/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/22/2013

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 Orthopedic Surgery 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 claimant is a 69-year-old female who sustained an injury to the neck and upper extremities on 03/28/13 attributed to cumulative trauma. The medical records provided for review included electrodiagnostic studies of the upper extremities dated 04/24/13, that showed evidence of mild right carpal tunnel syndrome, a right ulnar motor neuropathy at the elbow and a left ulnar motor neuropathy at the wrist. The most recent clinical assessment by [REDACTED] on 10/09/13 noted continued complaints of shoulder, elbow, wrist, hand and upper back pain secondary to repetitive work activities. The physical exam findings showed equal and symmetrical upper extremity reflexes, with negative Tinel's testing at the elbow and wrist bilaterally. There was diminished strength at 4/5 to the left deltoid and full cervical range of motion in all planes. The claimant continued to have spasm and tenderness to the trapezius and paravertebral musculature. There was tenderness to the distal radius with a positive Phalen's test, and a reverse Phalen testing bilaterally. The documentation also noted that the claimant had well healed incisions from previous carpal tunnel release procedures. The current working diagnoses included: left shoulder tendinosis status post arthroscopy; bilateral elbow tendonitis; and bilateral wrist tendonitis status post carpal tunnel release procedure. The recommendations were for bilateral upper extremity electrodiagnostic studies, a left shoulder MRI, and six (6) sessions of acupuncture for the shoulders, elbows and wrist. Documentation as to when the patient's previous shoulder surgery took place is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SHOULDER MAGNETIC RESONANCE IMAGING (MRI) WITH INTRA-ARTICULAR CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the absence of red flags rules out the need for special studies, referral, or inpatient care during the first four to six (4-6) weeks, when spontaneous recovery is expected. The Guidelines also indicate that the primary criteria for ordering imaging studies are: Emergence of a red flag, such as indications of intra-abdominal or cardiac problems presenting as shoulder problems; Physiologic evidence of tissue insult or neurovascular dysfunction, such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, such as a full thickness rotator cuff tear not responding to conservative treatment; When surgery is being considered for a specific anatomic defect, such as a full-thickness rotator cuff tear; and To further evaluate the possibility of potentially serious pathology, such as a tumor. Imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more. The medical records document continued subjective complaints of pain, however, there is no current documentation of physical examination findings that would be suggestive of significant pathology to warrant imaging at this stage in the claimant's clinical course of care. The request for an MRI of the left shoulder is not recommended as medically necessary.

ELECTROMYOGRAPHY OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS/ACOEM Guidelines indicate that an electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three (3) or four (4) weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The records clearly indicate that the claimant had previously undergone electrodiagnostic testing in April 2013. The medical records do not document that the claimant has had a significant change in the clinical symptoms. The medical records do not identify any indication for a repeat electrodiagnostic test one (1) year from time of last procedure. Request in this case would not be supported.

NERVE CONDUCTION VELOCITY STUDIES (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS/ACOEM Guidelines indicate that an electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three (3) or four (4) weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. The records clearly indicate that the claimant had previously undergone electrodiagnostic testing in April 2013. The medical records do not document that the claimant has had a significant change in the clinical symptoms. The medical records do not identify any indication for a repeat electrodiagnostic test one (1) year from time of last procedure. Request in this case would not be supported.

ACUPUNCTURE TWO TIMES THREE FOR THE LEFT SHOULDER, BILATERAL ELBOWS, AND BILATERAL WRIST.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that 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. The Guidelines also indicate that "Chronic pain for purposes of acupuncture" means pain that persists for at least thirty (30) days beyond the usual course of an acute disease or a reasonable time for an injury to heal or that is associated with a chronic pathological process that causes continuous pain, such as reflex sympathetic dystrophy. Acupuncture treatments may be extended if functional improvement is documented. The clinical records for review indicate that the claimant has already undergone a significant course of conservative measures consisting of acupuncture therapy and conservative modalities. The Guidelines only recommend the role of up to three (3) to six (6) treatments over an optimal duration period of one (1) to two (2) months. Given the request for six (6) treatment sessions in addition to the treatment that has already been rendered, the request for additional acupuncture exceeds the guidelines and cannot be supported.