

<b>Case Number:</b>	CM13-0056612		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/04/2008
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma. 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 43-year-old male who reported an injury on 01/04/2008. The mechanism of injury was the injured worker was a slip and fall. Current diagnoses include shoulder strain, cervical strain and lumbar strain. The injured worker was evaluated on 09/25/2013. The injured worker reported 8/10 left shoulder pain and 7/10 lower back pain. The physical examination revealed limited lumbar spine and bilateral shoulder range of motion with 4/5 weakness. Previous conservative treatment has included acupuncture. Treatment recommendations included TENS therapy, continuation of current medication, an MRI of the left shoulder, and an EMG/NCV of the bilateral upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **AN MRI OF THE LEFT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies includes the emergence of a red flag, physiologic evidence of tissue

insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the injured worker's physical examination of the shoulders revealed decreased range of motion with weakness. There was no evidence of the emergence of any red flags or documentation of neurovascular dysfunction. There is also no mention of a failure to progress in a strengthening program. The medical necessity has not been established. Therefore, the request is not medically necessary.

**EMG FOR THE UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine or bilateral upper extremities. There is also no mention of an exhaustion of conservative treatment. Based on the clinical information received, the request is not medically necessary.

**NCV OF THE UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination. There is no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine or bilateral upper extremities. There is also no mention of an exhaustion of conservative treatment. There is no documentation of a rationale for both an NCV and EMG. Based on the clinical information received, the request is not medically necessary.

**ACUPUNCTURE, SIX SESSIONS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

**Decision rationale:** The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously been treated with acupuncture. However, there was a lack of documentation of functional improvement that was provided. The request as submitted failed to indicate the body to be treated. Given the above, the request for 6 sessions of acupuncture is not medically necessary.