MAXIMUS Federal Services

Case Number:	CM14-0017904		
Date Assigned:	06/11/2014	Date of Injury:	09/09/2013
Decision Date:	09/05/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 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 elbow and shoulder pain reportedly associated with an industrial injury of September 9, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the shoulder of December 27, 2013, notable for a tendinosis and possible tearing of the supraspinatus tendon with degeneration of the glenoid labrum; at least six prior sessions of acupuncture; and work restrictions.In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for acupuncture, citing an earlier unfavorable Utilization Review decision. The claims administrator also denied electrodiagnostic testing of the right upper extremity on the grounds that the attending provider had not documented any alteration in sensorium so as to support the same.The applicant subsequently appealed.In a January 15, 2014 progress note, the applicant was described as having completed six prior sessions of acupuncture. The applicant did report paraesthesias about the elbow and hand. The treating provider stated that it was not certain whether or not this represented a radiculopathy versus an entrapment neuropathy. Electrodiagnostic testing was sought.On December 16, 2013, the applicant was asked to continue acupuncture and Ultracet while obtaining a shoulder MRI. Work restrictions were endorsed.On January 13, 2014, six additional acupuncture treatments, Ultracet, tizanidine, a shoulder surgery consultation, and work restrictions were again endorsed. The work restriction of limiting keyboarding to 40 minutes was unchanged when compared against a previous report of December 16, 2013. The applicant was described as having shoulder and elbow pain which have reportedly migrated to the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTOMYOGRAPHY (EMG) RIGHT UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG or NCV testing may help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, which last greater than three to four weeks. In this case, the applicant does have a neck shoulder, arm, and elbow complaints which have lasted for several weeks to several months. Both the applicant's primary treating provider and acupuncturist have commented on the migration of pain and stated that they suspect either radiculopathy or an entrapment neuropathy. Appropriate electrodiagnostic testing, including the EMG in question, is indicated to further investigate the source of the same. Therefore, the request is medically necessary.

NERVE CONDUCTION STUDY (NCS) RIGHT UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 178, EMG and NCV testing may help identify subtle, focal neurologic dysfunction in applicants with neck or arm symptoms or both, which last greater than three to four weeks. In this case, the applicant has persistent complaints of neck pain, shoulder pain, and arm pain, which are described as migrating in nature and have been postulated to be the result of a neuropathic process versus a radicular process, both by the applicant's primary treating provider and acupuncturist. Obtaining NCV testing to further investigate the source of the same is indicated. Therefore, the request is medically necessary.

ADDITIONAL ACUPUNCTURE 2 TREATMENTS PER WEEK FOR 3 WEEKS RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f. In this case, however, the applicant is off of work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. The applicant is consulting numerous providers in numerous specialties. All of the above, taken together, suggests a lack of functional improvement as defined in Section 9792.20f despite at least six prior sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.