MAXIMUS Federal Services

Case Number:	CM14-0018476		
Date Assigned:	04/18/2014	Date of Injury:	02/13/2012
Decision Date:	06/30/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine and Rehabilitation 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:

This patient sustained an injury on 2/13/12. Request(s) under consideration include Acupuncture, two times a week for four weeks, for the left upper limb, electromyography of the left upper limb, nerve conduction studies of the left upper limb. Report of 12/31/13 from the provider noted the patient with continued low back pain radiating down leg and hip, neck and shoulder pain with diffuse numbness. He has diagnoses of s/p 2 shoulder arthroscopic rotator cuff repair surgeries and cervical spondylosis. The patient is not working. Exam of the shoulder showed limited range in all planes with flex/ext/rotation of 30/20/20 degrees; positive supraspinatus sign; decreased sensation in fingers; pain with internal hip rotation; and bursa tenderness. The patient is waiting for orthopedic hip consultation. Request(s) for Acupuncture, two times a week for four weeks, for the left upper limb, electromyography of the left upper limb, nerve conduction studies of the left upper limb was non-certified on 1/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE, TWO TIMES A WEEK FOR 4 WEEKS, FOR THE LEFT UPPER LIMB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, , 8-9

Decision rationale: There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2012 injury with ongoing chronic pain complaints. Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach. The Acupuncture, two times a week for four weeks, for the left upper limb is not medically necessary and appropriate.

EMG OF THE LEFT UPPER LIMB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 8, 9, 178, 204

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 8 - NECK & UPPER BACK, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, 177-178

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for electromyography have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and diffuse decrease in finger sensation without specific consistent myotomal or dermatomal correlation to support for electrodiagnostics for a patient s/p 2 right shoulder surgeries. Electromyography of the left upper limb is not medically necessary and appropriate.

NCS OF THE LEFT UPPER LIMB: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 8,9, 178, 204

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , 8 - NECK & UPPER BACK, SPECIAL STUDIES AND DIAGNOSTIC AND TREATMENT CONSIDERATIONS, 177-178

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, without specific symptoms or neurological compromise consistent with radiculopathy, foraminal or spinal stenosis, medical necessity for nerve conduction velocity test have not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any cervical radiculopathy or entrapment syndrome, only with continued diffuse pain, muscle weakness, and diffuse decrease in finger sensation without specific consistent myotomal or dermatomal correlation to support for electro diagnostics for a patient s/p 2 right shoulder surgeries. Nerve conduction velocity of the left upper limb is not medically necessary and appropriate.