

Case Number:	CM14-0121526		
Date Assigned:	08/06/2014	Date of Injury:	08/14/2012
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 59-year-old female who was injured on 8/14/2012 involving her right shoulder. She was diagnosed with right shoulder rotator cuff tear. She was treated with physical therapy, surgery (right shoulder repair, quantity 2), and oral medications. MRI of the right shoulder was performed on 6/11/13. Office visits with her treating physician involved a discussion of possible cervical radicular pain in both arms and at least one visit revealed a positive Spurling test bilaterally which was followed by a request for a cervical MRI, but not yet performed. She was seen by her primary treating physician on 7/10/14 complaining of neck pain, decreased range of motion and pain in the right shoulder, and right hand tingling. Physical examination findings revealed decreased C6 nerve root sensation on right and decreased range of motion of the right shoulder. More findings were documented, but not legible to the reviewer. The injured worker was then recommended for an MRI of the right shoulder, MRI of the cervical spine, NCV/EMG of the right upper extremity, Soma, Norco, terocin, a sling for her right arm, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

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

Decision rationale: The MTUS ACOEM Guidelines state that MRI of the shoulder are not usually needed for the first 4-6 weeks after an injury unless investigating a possible red flag. If conservative care and observation fails to improve symptoms, then it may be considered after this time period and only if considering surgery which would require an image of the shoulder. In the case, an MRI of the right shoulder was already performed a year prior to this request. There was no evidence of any significant worsening of the injured worker's right shoulder, nor was there any record of discussing possible surgical intervention being considered that would warrant another right shoulder MRI. Therefore, the request for a MRI of the right shoulder is not medically necessary and appropriate.

Magnetic Resonance Imaging (MRI) cervical: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The MTUS ACOEM Guidelines state that cervical MRI testing is generally not necessary during the initial 3-4 week conservative treatment and observation period unless there is a red flag to investigate. Criteria for ordering an MRI also include physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The injured worker in this case was experiencing worsening radicular pain from the neck and there was objective evidence found in the documentation that this was the case. She had been actively involved with therapy, and was taking pain medications. Considering these circumstances, the request for a Magnetic Resonance Imaging (MRI) of the cervical is medically necessary and appropriate.

Electromyogram (EMG) Right Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such electromyography and nerve conduction velocity testing usually are not necessary during the initial 3-4 week period where conservative treatments and observation are usually sufficient to

see improvements in neck symptoms after an injury. Specifically electromyography (EMG) and nerve conduction velocity (NCV) testing is indicated when physical examination findings are not clear when evaluating for cervical radiculopathy. In this case, the findings over a few months with the treating physician clearly identifies cervical radiculopathy. Therefore, the request for Electromyogram (EMG) right upper extremity is not medically necessary and appropriate.

Nerve Conductive Velocity (NVC) Right Upper Extremity:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The MTUS ACOEM Guidelines state that special testing such electromyography and nerve conduction velocity testing usually are not necessary during the initial 3-4 week period where conservative treatments and observation are usually sufficient to see improvements in neck symptoms after an injury. Specifically electromyography (EMG) and nerve conduction velocity (NCV) testing is indicated when physical examination findings are not clear when evaluating for cervical radiculopathy. In this case, the findings over a few months with the treating physician clearly identify cervical radiculopathy. Therefore, the request for a Nerve Conductive Velocity (NVC) right upper extremity is not medically necessary and appropriate.

Sling for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The MTUS ACOEM Guidelines state that for chronic shoulder injuries, slings, or any other immobilization device, are not recommended for only symptom control. Slings are meant to be used during the first few days to weeks of shoulder injuries only and not longer, so as to prevent stiffness and further weakness of the shoulder muscles. In this case, the injured worker has chronic shoulder pain and the sling would not be appropriate. Therefore, the request for a sling for right shoulder is not medically necessary and appropriate.

Acupuncture, quantity 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention to help with functional recovery. The recommended trial duration is 3-6 treatments to produce a functional improvement. Afterwards, additional treatments (up to 1-2 months total duration) may be warranted if there is evidence of this functional improvement. In this case, 8 sessions of acupuncture were approved. There was no evidence of the injured worker having already trialed acupuncture before. Therefore, the request for 12 sessions is more than necessary to evaluate if it will help. Therefore, the 12 sessions of acupuncture is not medically necessary.