

Case Number:	CM14-0164774		
Date Assigned:	10/23/2014	Date of Injury:	08/13/2012
Decision Date:	11/26/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The claimant has a history of a work injury occurring on 08/13/12 when, while working as a cashier, she lifted a 25 pound piece of merchandise and had sudden neck, right shoulder, right elbow, and right wrist pain. She was seen on 05/06/14. She was having neck pain radiating into the right upper extremity with numbness, tingling, and weakness. Pain was rated at up to 7/10 on the right and 2/10 on the left. Medications were Naprosyn and Tramadol. The claimant had not returned to work and was at temporary total disability. On 05/20/14 she was having ongoing neck, right shoulder, right elbow, and right wrist pain with occasional right upper extremity numbness and tingling. Physical examination findings included decreased cervical, thoracic, and right shoulder range of motion with muscle spasms and right elbow and wrist pain. She had decreased right upper extremity sensation. Continued chiropractic treatment two times per week for four weeks was planned. On 07/17/14 she was having left shoulder pain. Physical examination findings included left shoulder muscle spasms. Continued acupuncture and chiropractic treatments were requested. She was seen for acupuncture treatments on 07/30/14. She was having right shoulder pain radiating into the elbow and hand and unable to lift more than 10 pounds. Physical examination findings included normal cervical and shoulder range of motion. She had positive Apley, Cozen, and Yergason testing. On 08/14/14 she was having neck, right shoulder, elbow, and wrist pain with occasional right upper extremity numbness and tingling. Continued chiropractic treatments and authorization for acupuncture was requested. Continued chiropractic treatment and authorization for acupuncture was requested. She was seen on 09/29/14. She was continuing to work as a cashier. She had increased right shoulder pain. She had ongoing neck and radiating right arm pain. Continued

chiropractic treatment and authorization for acupuncture were requested. An orthopedic evaluation and was also recommended. Authorization for acupuncture two times per week for four weeks and continued chiropractic treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Acupuncture sessions to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for ongoing neck, right shoulder, right elbow, and right wrist pain with symptoms including occasional right upper extremity numbness and tingling. Prior treatments have included chiropractic care and acupuncture. The claimant has not returned to work. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had acupuncture treatments and has not returned to work. There is no planned new rehabilitation treatment and no decrease or intolerance of pain medications. Therefore, the requested acupuncture treatments are not medically necessary.

Four (4) Chiropractic sessions to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for ongoing neck, right shoulder, right elbow, and right wrist pain with symptoms including occasional right upper extremity numbness and tingling. Prior treatments have included chiropractic care and acupuncture. The claimant has not returned to work. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. In this case, the claimant has already had extensive chiropractic treatments. There is no documentation of treatments producing improvement in function and therefore the request is not medically necessary.

MRI of the left shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI)

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for ongoing neck, right shoulder, right elbow, and right wrist pain with symptoms including occasional right upper extremity numbness and tingling. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with sub-acute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. Therefore, the requested left shoulder MRI is not medically necessary.