

Case Number:	CM14-0032044		
Date Assigned:	06/20/2014	Date of Injury:	03/28/2012
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 male who reported an injury on 03/28/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 02/13/2014 indicated diagnoses of status post right shoulder arthroscopy subacromial decompression with rotator cuff repair and right shoulder glenoid humeral joint arthritis. The injured worker was status post right shoulder manipulation under anesthesia. The injured worker reported recurrent symptoms. On physical examination of the right shoulder, range of motion of forward flexion was from 0 to 175 degrees, external rotation was from 0 to 20 degrees, and internal rotation was to L4. There was weakness with abduction testing. The unofficial MRI revealed degenerative changes in the superior labrum findings consistent with glenoid humeral joint arthritis. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The provider submitted request for right shoulder acupuncture 1 x 6, MRI of the lumbar spine, MRI of the left knee, EMG of bilateral upper extremities, and NCV of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder acupuncture 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for right shoulder acupuncture 1 x 6 is not medically necessary. The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The injured worker was approved for 3 sessions of acupuncture. There is a lack of clinical documentation indicating the injured worker did not tolerate medications or a reduction of pain medications. Acupuncture treatments may be extended if functional improvement is documented; however, there is a lack of documentation of efficacy and functional improvement. In addition 6 additional sessions would be excessive. Therefore, the request for acupuncture for the right shoulder 1 x 6 is not medically necessary.

MRI (Magnetic resonance imaging) of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for MRI (magnetic resonance imaging) of lumbar spine is not medically necessary. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The Official Disability Guidelines (ODG) state MRI is not recommended until after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. The Guidelines also state for lumbar spine MRI indications are trauma, neurological deficit, fracture, suspicion of cancer, infection, other red flags, prior lumbar surgery and cauda equina syndrome. There was a lack of documentation indicating a physical exam was performed on the lumbar spine or low back area. In addition, there was a lack of objective clinical findings or neurological deficiencies. There is a lack of evidence of conservative treatments that have failed and the documents submitted did not indicate the injured worker had findings that would support he was at risk for trauma, fracture, cancer, or infection. The provider did not indicate a rationale for the request. Therefore, the request for MRI of the lumbar spine is not medically necessary.

MRI (Magnetic resonance imaging) of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI's (magnetic resonance imaging).

Decision rationale: The request for MRI (magnetic resonance imaging) of left knee is not medically necessary. The California MTUS/ACOEM Guidelines recommend a diagnostic MRI after a period of conservative care and observation. The Official Disability Guidelines (ODG) state MRI of the knee is indicated with acute trauma to the knee, including significant trauma or if suspect posterior knee dislocation or ligament or cartilage disruption, if internal derangement is suspected, patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs no diagnostic (demonstrate normal findings or a joint effusion). There is a lack of a physical assessment of the left knee. In addition, there is a lack of documentation for a period of conservative care or observation. Moreover, the documentation submitted did not indicate the injured worker had knee trauma to include posterior knee dislocation, cartilage disruption, internal derangement, or joint effusion. The provider did not indicate a rationale for the request. Therefore, the request for MRI of the left knee is not medically necessary.

EMG (Electromyography) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

Decision rationale: The request for EMG (electromyography) of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is a lack of physical examination of the injured worker's bilateral upper extremities. In addition, there is a lack of documentation of the injured worker failing conservative treatments such as medications or acupuncture. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.

NCV (Nerve conduction velocity) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 358-262.

Decision rationale: The request for NCV (nerve conduction velocity) of bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There was a lack of physical examination of the bilateral upper extremities. In addition, there is a lack of documentation of the injured worker failing conservative treatments such as medications or acupuncture. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for EMG of the bilateral upper extremities is not medically necessary.