

Case Number:	CM14-0082029		
Date Assigned:	07/21/2014	Date of Injury:	06/18/2013
Decision Date:	09/17/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 patient was injured on 06/18/13. Acupuncture and electrodiagnostic studies are under review. She was injured when she was pulled and jerked into a loading machine by a robotic arm in a laboratory. She developed elbow swelling and burning with excruciating pain in the right shoulder and biceps with swelling and numbness. She has complained of continued neck, right shoulder, elbow, arm, wrist, and hand pain. She has central canal stenosis at T10-11 and is considered an appropriate candidate for spinal surgery assessment. She also has neck pain with numbness, tingling, and weakness of the right arm and hand noted in mid-2013. On 03/22/14, she saw Dr. [REDACTED], pain management. She had pain throughout the arm that was improved with rest. Cervical spine examination was unremarkable. She had decreased strength in the shoulder, elbow, forearm, wrist, and hand on the right side but it was mild. Reflexes were decreased but symmetric. Light touch was intact throughout. She had tenderness about the shoulder with decreased range of motion. She had not yet reached maximum medical improvement. On 05/19/14, Dr. [REDACTED] note indicates she had a right shoulder MRI that showed evidence of a full-thickness supraspinatus tear. She also recently had a pituitary tumor excision. Percocet had helped but Tramadol ER was ineffective. She had decreased sensation along the left C6 and C7 dermatomes. She had been approved for a cervical MRI. Electrodiagnostic studies were ordered but were not certified. She had ongoing functional limitations. She had decreased range of motion of the right shoulder. There was normal bulk and tone in the major muscle groups of the upper extremities with no atrophy and she had good strength except for 4/5 shoulder abduction, right elbow extension, right grip strength, and elbow flexion. She was diagnosed with a full-thickness rotator cuff tear and brachial neuritis/radiculitis. She was given medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 2x3 Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The history and documentation do not objectively support the request for 6 sessions of acupuncture. According to the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used 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. In this case, there is no evidence that the patient has been unable to tolerate medications or has chronic pain that is not likely to respond to other treatment methods. There is no indication that she has been involved in an ongoing rehab program of exercise that is to be continued in conjunction with acupuncture treatment. Acupuncture is not a standalone treatment and is expected to be accompanied by active exercise. The request for acupuncture 2 x 3 with a quantity of 6 visits is not medically necessary.

EMG/NCS of the bilateral upper extremities: Upheld

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

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

Decision rationale: The history and documentation do not objectively support the request for an EMG/NCV of the upper extremities. The California MTUS 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 disk 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 (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." In this case, the patient's history of evaluation and treatment to date is unknown and she has already had an MRI and has been described as a candidate for a spinal surgery consultation. It is not clear how this study is likely to change her course of treatment going forward. No clear focal neurologic findings have been documented for the upper extremities for which this type of study appears to be indicated

and no new symptoms or findings have been noted following the MRI. The request for EMG/NCV of the upper extremities is not medically necessary.