

Case Number:	CM14-0084463		
Date Assigned:	07/23/2014	Date of Injury:	04/02/2014
Decision Date:	09/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old female who sustained injuries to her left shoulder, wrist, and low back on 04/02/14. The mechanism of injury is undisclosed. Plain radiographs of the left shoulder dated 04/03/14 revealed no acute fracture; alignment normal; significant joint disease; no significant soft tissue abnormality. Clinical note dated 07/29/14 reported that the injured worker returned to the clinic for follow up of left thumb, shoulder, and lumbar spine pain. The injured worker stated that acupuncture was helping, but the most recent requests were denied. She continued to have moderate, dull, and achy pain at the left wrist with associated numbness in the left fingers three through five, and moderate, dull, and achy pain at the left supraspinatus tendon, denied any radiation. There were no additional associated symptoms including numbness, weakness, or paresthesias. Current medications include Ibuprofen as needed. Physical therapy made the pain worse was documented. Physical examination noted decreased range of motion, tenderness, crepitus, pain, and decreased strength; no bony tenderness, swelling, effusion, deformity, laceration, spasm, and normal pulses in the left shoulder; left wrist exhibited tenderness; normal range of motion; no bony tenderness, swelling, effusion, crepitus, or deformity. The injured worker was diagnosed with left rotator cuff syndrome, left wrist joint pain, and recommended to continue Motrin and Zanaflex as needed. The injured worker was dispensed a left wrist brace. If pain not improved, request MRI at next visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2x3 , left shoulder, wrist, low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Previous request was denied on the basis that the number of treatments this injured worker has already received was not documented, nor is there clinical documentation of functional objective gain beyond the injured worker. The California Medical Treatment Utilization Schedule (MTUS) states that 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. There were no comorbidities identified such as extreme obesity or gastrointestinal (GI) problems that would inhibit the injured worker from participating in traditional land based physical therapy. The CAMTUS recommends three to six treatments to produce effect. Acupuncture treatments may be extended if functional improvement is documented. There was no additional significant objective clinical information provided for review that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of acupuncture therapy visits. Given this, the request for additional acupuncture two times a week for three weeks for the left shoulder, wrist and low back is not indicated as medically necessary.

Nerve Conduction Velocity Lower Upper Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Nerve conduction studies (NCS).

Decision rationale: Previous request was denied on the basis that the symptoms do not indicate radiculopathy as they involved multiple nerve root distributions and there is no associated weakness, radiation, and no reflexes are documented. There is no diagnosis of neuropathy. It is not apparent why this test is being ordered. The Official Disability Guidelines state that nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by electromyography (EMG) and obvious clinical signs, but recommended if EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or nonneuropathic processes if other diagnosis may be likely based on clinical evaluation. There is minimal justification for performing nerve conduction studies (NCS) when a patient is or injured worker is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm brachioplexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Given

this, the request for nerve conduction velocity of the lower upper extremity is not indicated as medically necessary.