

Case Number:	CM14-0090460		
Date Assigned:	07/23/2014	Date of Injury:	06/30/2013
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 and 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 47-year-old female who reported an injury on 06/30/2013. The mechanism of injury was noted to be attempting to move a patient up in a bed. The injured worker's diagnoses were noted to be exacerbation of the right shoulder strain with possible impingement or rotator cuff tear, superimposed over chronic cervical strain and degenerative disc disease. Her prior treatments were noted to be acupuncture, a home cervical traction unit, physical therapy, and medication. Her diagnostics were noted to be an MRI, an EMG/NCS, and radiographs. The subjective complaints were noted to be pain at the upper trapezius and anterior right shoulder, which were described as burning. The objective physical exam findings with the cervical spine were noted to be tenderness on palpation of the paracervicals and the greater occiput, greater on the right than left. Spurling's was positive on the right only. Evaluation of the shoulders noted significant swelling about the right trapezius. There was pain on abduction starting at 45 degrees; with flexion pain starting at 90 degrees. All movements on the right were accompanied by compensation, guarding, and facial grimacing. Palpation of the shoulders revealed tenderness. Her medications were noted to be Acetaminophen, Amitriptyline, Orphenadrine, and Nabumetone. The treatment plan was for MRI of the right shoulder to rule out tendinopathy versus rotator cuff tear, an EMG/NCS of the right upper extremity to identify possible radicular components of shoulder pain, a 1 month trial of a TENS unit, and acupuncture. The provider's rationale for the request was provided within the clinical documentation dated 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended 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 time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The documentation submitted for review does not indicate efficacy of prior acupuncture treatments. It is not clear how many acupuncture sessions have been afforded the injured worker. Objective data to support clinically significant improvement in activities of daily living was not indicated in the clinical evaluation. Therefore, the request for 4 sessions of acupuncture is not medically necessary.

TENS Unit, 1 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS unit as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions of neuropathic pain, or chronic regional pain syndrome. The injured worker does not have objective findings to support significant neuropathic pain. The treatment plan does not document implementation of an evidence-based functional restoration program to use as an adjunct to a home-based TENS trial. Therefore, the request for TENS unit, 1 month trial is not medically necessary.

Electromyography (EMG) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review fails to provide a thorough neurological assessment. The progress report does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome. Due to the examination being unclear and a lack of significant neurological deficits; and according to the guidelines, an EMG is not medically necessary.

Nerve Conduction Studies (NCS) of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California MTUS/American College of Occupational and Environmental Medicine state unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The documentation submitted for review fails to provide a thorough neurological assessment. The progress report does not indicate neurological deficits such as decreased reflexes, decreased strength, and decreased sensation to a specific dermatome. Due to the examination being unclear, and according to the guidelines, nerve conduction studies are not medically necessary. Therefore, the request for nerve conduction studies of the right upper extremity is not medically necessary.