

<b>Case Number:</b>	CM14-0099370		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/20/2011
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 51-year-old with a date of injury of 03/20/2011. A progress report associated with the request for services, dated 06/03/2014, identified subjective complaints of bilateral hand pain. No other symptoms were mentioned. Objective findings included decreased range of motion of the wrists with a positive Tinel's sign bilaterally. Diagnoses (paraphrased) included bilateral shoulder impingement syndrome; bilateral epicondylitis; and bilateral carpal tunnel syndrome. Treatment had included bilateral carpal tunnel releases in 2013. An unspecified amount of chiropractic therapy had been delivered. Outcomes were not documented. A Utilization Review determination was rendered on 06/06/14 recommending non-certification of "MRI (bilateral shoulders); MRI (bilateral elbows); Acupuncture (8-sessions, 2-times per week for 4-weeks, to include the bilateral shoulders, bilateral elbows and bilateral wrists); and Chiropractic Treatment (8-sessions, 2-times per week for 4-weeks, to include the bilateral shoulders, bilateral elbows and bilateral wrists)".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (bilateral shoulders):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, 24.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that MRI of the shoulder is recommended for preoperative evaluation. It is not recommended for evaluation without surgical consideration. The Guidelines further outline the following criteria for imaging studies: - Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure (e.g., a full-thickness rotator cuff tear not responding to conservative treatment)In this case, the record does not indicate any anticipated surgery. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the request for a shoulder MRI is not medically necessary.

**Acupuncture (8-sessions, 2-times per week for 4-weeks, to include the bilateral shoulders, bilateral elbows and bilateral wrists):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that 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 frequency and duration of acupuncture is listed as:- Time to produce functional improvement: 3 to 6 treatments.- Frequency: 1 to 3 times per week.- Optimum duration: 1 to 2 months.The non-certification was based upon lack of a rehabilitation program. The request is within the Guidelines for acupuncture therapy. Therefore, the request for acupuncture is medically necessary.

**Chiropractic Treatment (8-sessions, 2-times per week for 4-weeks, it include the bilateral shoulders, bilateral elbows and bilateral wrists):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) recommends manual therapy for chronic pain if caused by musculoskeletal conditions. For the low back, they

recommend a trial of 6 visits over 2 weeks. If there is objective evidence of functional improvement, a total of up to 18 visits over 6-8 weeks are recommended. Manual manipulation is not recommended for peripheral joints; specifically the ankle & foot, carpal tunnel, forearm, wrist & hand, and knee. In this case, the claimant has had an unspecified number of previous chiropractic sessions without specific documentation of functional improvement. Likewise, the request includes areas that are not recommended. Therefore, the request for 8 chiropractic sessions is not medically necessary.

**MRI (bilateral elbows):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM), Revised 2007 Elbow, states that MRI of the elbow is recommended for symptoms that have persisted for more than 1 month when surgery is being considered for a specific anatomic defect or to further evaluate potentially serious pathology, when the clinical examination suggests the diagnosis. In this case, the record does not indicate any anticipated surgery. Likewise, the patient does not have any of the above-mentioned indications. Therefore, the request for an elbow MRI is not medically necessary.