MAXIMUS Federal Services

Case Number:	CM15-0109803		
Date Assigned:	06/16/2015	Date of Injury:	04/05/2013
Decision Date:	09/23/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 38 year old female, who sustained an industrial injury on 4/5/13. She reported initial complaints of cumulative type trauma right upper extremity. The injured worker was diagnosed as having pain in joint right shoulder; sprain/strain right shoulder; right shoulder internal derangement; left shoulder strain. Treatment to date have included physical therapy; right shoulder injection (7/2013); medications. Diagnostics included x-rays right shoulder (4/9/13); MRI right shoulder (5/15/13). Currently, the PR-2 notes dated 4/28/15 indicated to see "Attachment 1" and "Attachment 2" for subjective complaints, objective findings, and diagnosis and treatment plan. Attachment 1 of 2 follows and only notes the injured worker has not worked since last seen and the pain is in the right and left shoulders. Attachment 2 of 2 notes "Light Touch Sensation" of the right lateral shoulder diminished, right dorsal thumb web and right long tip are both intact, right small tip is diminished. The diagnoses noted are: right shoulder internal derangement; left shoulder strain. Other documentation submitted notes the injured worker has bilateral shoulder pain and neck pain. Initially, complaints were of the right upper extremity and neck. The injured worker reports that she feels she was compensating for the right shoulder and overuse of the left shoulder is now symptomatic. MRI right shoulder on 5/15/13 revealed Type II acromion with degenerative changes in the acromioclavicular joint; narrowing of the subacromial space; tendinosis of supraspinatus tendon. The provider is requesting authorization of acupuncture 6 visits for bilateral shoulders; EMG upper extremity; initial orthopedic consultation for right shoulder; MRI of the left shoulder and a pain medicine follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Upper Extremity: Upheld

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

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

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with neck and/or arm pain lasting more than 3-4 weeks. In this case, there is no documentation of what conservative treatment the patient received or what specific complaints the EMG studies were ordered to investigate. The request for EMG Upper Extremity is not medically appropriate and necessary.

MRI Left Shoulder: 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): 207-208.

Decision rationale: Guidelines recommend MRI of the shoulder for acute shoulder trauma, suspected rotator cuff tear/impingement, subacute shoulder pain, or suspect instability/labral tear. In this patient, the physical examination did not indicate presence of any of these conditions. The request for MRI of the left shoulder is not medically appropriate and necessary.

Acupuncture six visits 1x6, R/L Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Guidelines note that acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of improvement functionally and there is no documentation of failure of conservative therapy. The request for 6 visits for the left and right shoulder is not medically appropriate and necessary.

Pain Medicine Follow Up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Edition Pain Chapter Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Guidelines recommend a follow up visit based on review of the patient's concerns signs and symptoms, clinical stability, and reasonable physician judgment. Within the documentation available for review, there are no specific complaints or objective exam findings for which an office follow up visit would be medically necessary. The request for a pain medicine follow up visit is not medically appropriate and necessary.

Initial Orthopedic Consultation, Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of what specific conservative treatment this patient has received or description of specific subjective complaints or objective findings which might warrant a consultation. The request for initial orthopedic consultation, right shoulder is not medically appropriate and necessary.