

Case Number:	CM15-0136001		
Date Assigned:	07/24/2015	Date of Injury:	11/03/2014
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 44 year old female patient, who sustained an industrial injury on 11/4/14. Initial complaints were of a fall on wet floor injuring her right shoulder, right wrist/hand and back. The diagnoses include right wrist arthralgia and rule out De Quervain's tenosynovitis; right shoulder arthralgia; lumbar spine musculoligamentous sprain/strain and lumbago. Per the PR-2 notes dated 6/8/15, she had complaints of right shoulder pain primarily aggravated with physical activity. She had complains of pain in the right wrist as well as her right shoulder which is most problematic. The provider notes that on her last visit it was discovered she has a tear of the labrum of the right shoulder. She is waiting for a consultation with the general orthopedist. Physical examination of the right shoulder revealed tenderness to palpation of the acromioclavicular joint and audible crepitation of flexion and extension of the shoulder with decreased range of motion, a positive Neer's test. The physical examination of the right wrist revealed tenderness to palpation of the medial and lateral aspects of the right wrist, pain with flexion and extension of the right wrist. The medications list includes diclofenac, protonix and topical compound cream. Treatment to date has included chiropractic therapy; and medications. His treatment plan includes a TENS unit; medications, continue conservative therapy. The provider is also requesting authorization of orthopedic consultation; EMG/NCV study bilateral upper extremities and acupuncture 12 sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127, Official Disability Guidelines (ODG), Low Back Chapter, Evaluation and management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Ortho consult. MTUS guidelines. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic right shoulder and right wrist pain with significant objective findings-tenderness to palpation of the acromioclavicular joint and audible crepitation of flexion and extension of the shoulder with decreased range of motion, a positive Neer's test; tenderness to palpation of the medial and lateral aspects of the right wrist, pain with flexion and extension of the right wrist. She has also tried conservative therapy including chiropractic therapy. The request for ortho consult is medically appropriate and necessary to evaluate her chronic right upper shoulder and wrist symptoms at this juncture.

Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Page 177-178 and Page 261, page 268.

Decision rationale: Electromyograph (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities. Per the ACOEM guidelines, "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." Patient had right shoulder and wrist pain. Evidence of neurological deficits in the LEFT upper extremity is not specified in the records provided. In addition per the cited guidelines, "for most patients presenting with true hand and wrist problems, special studies are not needed until after a four-to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous

conservative therapy including chiropractic and pharmacotherapy is not specified in the records provided. The medical necessity of Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities is not fully established for this patient at this time.

Acupuncture 2 times a week for 6 weeks to the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 2 times a week for 6 weeks to the lumbar spine. MTUS guidelines. Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state 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." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." The requested visits are more than the recommended by the cited criteria. The medical records provided do not specify any intolerance to pain medications. Response to previous conservative therapy including physical therapy/chiropractic visits and pharmacotherapy is not specified in the records provided. The medical necessity of Acupuncture 2 times a week for 6 weeks to the lumbar spine is not fully established in this patient at this time.