Case Number:	CM15-0136655		
Date Assigned:	07/24/2015	**Date of Injury:**	06/25/2014
Decision Date:	09/21/2015	**UR Denial Date:**	06/24/2015
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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of June 25, 2014. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve requests for shoulder MRI imaging, electrodiagnostic testing of bilateral upper extremities, an interferential stimulator rental, and range of motion testing. The claims administrator invoked a variety of variety of MTUS and non-MTUS Guidelines in its determination, including non-outdated 2007 Acupuncture Medical Treatment Guidelines, which were mislabeled as originating from the MTUS. Non-MTUS ODG Guidelines were also invoked to deny range of motion testing and were likewise mislabeled as originating from the MTUS. A June 16, 2015 progress note was also cited.On said June 16, 2015 progress note, the applicant was kept off of work, on total temporary disability. Ongoing complaints of shoulder pain with associated stiffness, weakness, and pain with reaching were reported. 5/10 pain complaints were reported. Diminished shoulder strength and painful range of motion were appreciated. Six sessions of physical therapy, six sessions of acupuncture, MRI imaging of the shoulder, and electrodiagnostic testing of the bilateral upper extremities were sought. The requesting provider was a chiropractor, it was reported. A five-month rental of an interferential stimulator device was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right 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): 214.

Decision rationale: No, the request for MRI imaging of the shoulder was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography for evaluation purposes without surgical indications is deemed "not recommended." Here, the requesting provider was a chiropractor (as opposed to a shoulder surgeon), it was acknowledged on June 16, 2015. There was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured shoulder based on the outcome of the study in question. It was not stated what was sought. It was not stated what was expected. It was not stated how (or if) the proposed shoulder MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.

Electromyography/Nerve Conduction Velocity of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diagnostic testing Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 213; 272.

Decision rationale: Similarly, the request for electrodiagnostic testing of bilateral upper extremities was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213, EMG or NCV testing are deemed "not recommended" as part of the shoulder evaluation for usual diagnoses. Here, the primary stated diagnoses, for the June 16, 2015 progress note were shoulder impingement syndrome and suspected rotator cuff injury. It was not stated how electrodiagnostic testing would advance these diagnoses. It is further noted that the applicant's symptoms were seemingly confined to the symptomatic right upper extremity on the date in question, June 16, 2015. However, the MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 notes that the routine usage of NCV or EMG testing in the evaluation of applicants without symptoms is deemed "not recommended." The request for electrodiagnostic testing of the bilateral upper extremities to include testing of the seemingly asymptomatic left upper extremity was, thus, at odds with ACOEM principles and parameters. Therefore, the request was not medically necessary.

Interferential Unit rental for five months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Similarly, the request for a five-month interferential unit rental was likewise not medically necessary, medically appropriate, or indicated here. While page 120 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month trial of interferential stimulator device may be appropriate in applicants in whom pain is ineffectively associated due to diminished medication efficacy, applicants in whom pain is ineffectively controlled owing to medication side effects, and/or applicants who have a history of substance abuse which would prevent provision of analgesic medications, here, however, no such history was furnished. There was no mention of the applicant's having issues with analgesic medication intolerance, analgesic medication failure, and/or history of substance abuse, which would prevent provision and analgesic medications on the June 16, 2015 office visit in question. It is further noted that the request for a five-month interferential stimulator rental represented treatment well in excess of the one-month trial rental period espoused on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Range of motion test one at monthly follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: Finally, the request for range of motion testing at a monthly follow-up visit was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the shoulder. The MTUS Guideline in ACOEM Chapter 9, page 200, however, stipulates that the range of motion of the shoulder should be determined "actively and passively." Here, the request for more formal computerized range of motion testing proposed by the attending provider, thus, ran counter to ACOEM principles and parameters as this is something, per the MTUS Guideline in ACOEM Chapter 9, page 200, which the attending provider can determine actively and passively as part of the usual and customary evaluation, without any formal computerized testing. Therefore, the request was not medically necessary.