

<b>Case Number:</b>	CM15-0140655		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 [REDACTED] ([REDACTED]) employee who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of June 21, 2010. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture, an MR arthrogram of the shoulder, electrodiagnostic testing of the right upper extremity, a TENS unit, and a Functional Capacity Evaluation. The claims administrator referenced an RFA form received on June 26, 2015. The full text of the UR decision was not seemingly attached to the application. On June 18, 2015, the applicant reported ongoing complaints of right shoulder, right arm, right upper extremity pain, 8-9/10, with attendant difficulty performing activities of daily living as basic as dressing, bathing, personal hygiene, and household chores. Twelve sessions of acupuncture were endorsed. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. In a June 9, 2015 RFA form, acupuncture, the TENS unit in question, a Functional Capacity Evaluation, MR arthrography of the shoulder, and electrodiagnostic testing of the upper extremities were sought. In an associated work status report of June 9, 2015, the applicant was placed off work, on total temporary disability. No seeming rationale accompanied the June 9, 2015 order form/RFA form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 2 x 6, right shoulder & right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledge that acupuncture can be employed in a wide variety of purposes including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Here, thus, the request for 12 sessions of acupuncture represented treatment at a rate two to four times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a protracted course of acupuncture significantly in excess of MTUS parameters. Therefore, the request was not medically necessary.

**MRA right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** Similarly, the request for an MR arthrogram of the shoulder was likewise 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 of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, the June 18, 2015 progress note made no mention of the need for MR arthrography of the shoulder. A June 9, 2015 order form employed preprinted checkboxes and did not furnish a clear or compelling rationale for the MR arthrogram at issue. There was no mention of the claimant's willingness to consider or contemplate any kind of surgical intervention based on the outcome of the proposed shoulder MR arthrogram. No completed progress notes, it is reiterated, were seemingly attached to the June 9, 2015 order form/RFA form so as to augment the request. Therefore, the request was not medically necessary.

**EMG/NCV right upper extremity: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** Similarly, the request for EMG-NCV testing of the right upper extremity was 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 studies are deemed "not recommended" as part of a shoulder evaluation for usual diagnosis. Here, as with the preceding request, no clinical progress notes were attached to the June 9, 2015 RFA form. The attending provider failed to furnish a clear or compelling rationale for pursuit of electrodiagnostic testing for the shoulder in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.

**TENS unit right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Similarly, the request for a TENS unit [purchase] for the right was likewise not medically necessary, medically appropriate, or indicated here. The request, per the treating provider's order form of June 9, 2015, was seemingly framed as a purchase request. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit on purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of said TENS unit, with evidence of favorable outcomes present in terms of both pain relief and function. Here, however, the June 9, 2015 progress note made no mention of the applicant is having previously employed the TENS unit in question on a trial basis before the request to purchase the same was initiated. Therefore, the request was not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** Finally, the request for a Functional Capacity Evaluation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a Functional Capacity Evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was seemingly placed off work via a work status report dated June 9, 2015. It did not appear that the applicant had a job to return to at this relatively late stage in the course of the claim. It was not clearly stated, in short, why a Functional Capacity Evaluation was sought in the clinical and/or vocational context present here. While page 125 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a Functional

Capacity Evaluation can be employed as a precursor to enrollment in a work hardening program, here, however, there was no mention of the applicant's intent to employ the proposed Functional Capacity Evaluation as a precursor to enrollment in a work hardening program. Therefore, the request was not medically necessary.