MAXIMUS Federal Services

Case Number:	CM15-0141979		
Date Assigned:	07/31/2015	Date of Injury:	09/30/2013
Decision Date:	09/23/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/21/2015

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 59-year-old who has filed a claim for chronic wrist, shoulder, and neck pain reportedly associated with an industrial injury of September 30, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for four sessions of acupuncture, MRI imaging of the shoulder, MRI imaging of the cervical spine, ultrasound imaging of the shoulder, and ultrasound imaging of the elbow. The claims administrator referenced a June 9, 2015 progress note in its determination. Non-MTUS Chapter 9 ACOEM Guidelines and non-MTUS-ODG Guidelines on Acupuncture were invoked with the now-outdated 2007 Acupuncture Medical Treatment Guidelines, which were, moreover, mislabeled as originating from the current MTUS. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of bilateral hand, bilateral shoulder, and right elbow pain were reported. The applicant was given diagnoses, which included diabetic neuropathy, polyarthropathies of various body parts, shoulder pain, and arthritis. Acupuncture, ultrasound testing of the shoulder and elbow, MRI imaging of the shoulder, and MRI imaging of the cervical spine were all ordered. The attending provider stated that MR imaging of the shoulder was ordered to rule out impingement syndrome while MRI imaging of the cervical spine was ordered to rule out radiculopathy. The note was highly templated and comprised, in large part, of cited guidelines. Acupuncture was also sought. The requesting provider was a physiatrist, it was incidentally noted. It was not stated how (or if) the proposed studies would influence or alter the treatment plan. The applicant did exhibit tenderness about the medial epicondylar region of the elbow and

positive signs of internal impingement about the shoulder on examination. On an earlier progress note of May 12, 2015, acupuncture was endorsed while the applicant was, once again, placed off of work, on total temporary disability. The applicant's complete medication list was not furnished. Motrin was prescribed, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 acupuncture treatments 1x4 for the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for four acupuncture treatments was not medically necessary, medically appropriate, or indicated here. The request was framed as an extension or renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, the applicant was off of work, on total temporary disability, despite receipt of unspecified amounts of acupuncture earlier in 2015 alone. The applicant's failure to return to work, thus, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior acupuncture. Therefore, the request for four additional acupuncture treatments was not medically necessary.

Ultrasound of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214; 208. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed. Shoulder Disorders, pg. 9Table 1. Summary of Recommendations for Diagnostic and Other Testing Ultrasound. Ultrasound for patients suspected of having rotator cuff tears, tendinoses or impingement - Recommended, Insufficient Evidence (I).

Decision rationale: Similarly, the request for ultrasound testing of the shoulder was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 notes that ultrasonography for evaluation of the rotator cuff is deemed "not recommended." While a more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Shoulder Chapter does recommend ultrasound testing to evaluate suspected impingement syndrome, as was reportedly present here, this recommendation is, however, qualified by commentary made in the MTUS Guideline in

ACOEM Chapter 9, page 208 to the effect that one of the primary criteria for ordering imaging studies is clarification of the anatomy prior to pursuit of an invasive procedure. Here, however, 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. The attending provider stated on June 9, 2015 that he was ordering MRI imaging of the shoulder for the purposes of ruling out impingement syndrome. The requesting provider, moreover, was a physiatrist (as opposed to a shoulder surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: Similarly, the request for MRI imaging 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 without surgical indication is deemed "not recommended." Here, as with the preceding request, there was no mention of the applicant's willingness to act on the results of the study in question and/or consider surgical intervention based on the outcome of the same made in the June 9, 2015 progress note at issue. The fact that multiple different imaging studies, including ultrasound testing of the shoulder and elbow, MRI imaging of the cervical spine and MRI imaging of the shoulder were all concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. The fact that the requesting provider was a physiatrist (as opposed to a shoulder surgeon) also significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-189. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for MRI imaging of the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history

and physical exam findings, in preparation for an invasive procedure, here, however, the June 9, 2015 progress note did not establish the presence of nerve root compromise clearly referable to the cervical spine. The multifocal pain complaints, multiple pain generators, and multiplicity of body parts implicated in the injury, including the shoulder, elbow, hand, neck, etc., argued against the presence of any focal nerve root compromise referable to the cervical spine. There was no mention of the applicant's willingness to act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. The requesting provider was a physiatrist (as opposed to a spine surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would consider cervical spine surgery based on the outcome of the study in question. Therefore, the request was not medically necessary.

Ultrasound of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter (Online Version).

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

Decision rationale: Finally, the request for ultrasound imaging of the elbow was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, page 33, the primary criteria for ordering imaging studies for the elbow include evidence that said imaging study result with substantially change the treatment plan, emergence of a red flag, and/or agreement by an applicant to undergo invasive treatment if the presence of a surgically correctable lesion is identified. Here, as with the preceding request(s), there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the elbow based on the outcome of the study in question. It was not stated how (or if) the proposed elbow ultrasound would influence or alter the treatment plan. The attending provider did not specifically state precisely what he suspected insofar as the injured elbow was concerned in his progress note of June 9, 2015. The fact that the requesting provider was a physiatrist (as opposed to an orthopedic elbow surgeon) significantly reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.