

Case Number:	CM15-0164125		
Date Assigned:	09/01/2015	Date of Injury:	05/21/2014
Decision Date:	10/20/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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, Florida, 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 injured worker is a 62 year old male who sustained an industrial injury on 5-21-14. Progress report dated 5-19-15 reports continued complaints of neck pain described as moderate, sharp, and throbbing. The pain is activity dependent associated with repetitive movement, repetitive sitting, repetitive standing and walking. Medication and physical therapy help to relieve the pain. He has complaints of lumbar spine pain activity dependent, moderate, sharp and throbbing associated with repetitive movement, repetitive sitting, repetitive standing and walking. The left shoulder pain is activity dependent, moderate, sharp and throbbing associated with repetitive movement, reaching, pushing and pulling. The left knee pain is activity dependent moderate, sharp and throbbing associated with repetitive movement, repetitive sitting, repetitive standing, walking and climbing stairs. Objective findings: cervical spine range of motion is decreased and painful with tenderness and spasm. Lumbar spine range of motion is decreased and painful with tenderness and spasm. Left shoulder motor 4 out of 5 all range of motion. Left knee range of motion decreased and painful. Diagnoses include: cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain and strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain and strain, left rotator cuff tear, left shoulder impingement syndrome, left shoulder sprain and strain, left knee internal derangement left knee meniscus tear, left knee pain, and left knee sprain and strain. Plan of care includes: EMG nerve conduction studies of bilateral upper and lower extremities, reviewed MRI left shoulder reveals left RTC tears and biceps tendon tear per report 4-10-15, refer to acupuncture 2 times per week for 4 weeks to increase range of motion, increase daily activity and decrease pain. Refer to

podiatry consult and evaluation for custom functional orthotics to treat lumbar spine, knee and ankle injury and to correct bio-mechanics, refer to MD for medication, refer to physical therapy 2 times per week for 4 weeks to increase range of motion, increase activities and decrease pain. Work status: remain off work until 7-3-15. Follow up no later than 7-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Special Studies.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004). Chapter 12, page 303. Key points for this review are: this claimant was injured in 2014 with cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain and strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain and strain, left rotator cuff tear, left shoulder impingement syndrome, left shoulder sprain and strain, left knee internal derangement left knee meniscus tear, left knee pain, and left knee sprain and strain. No objective dermatomal neurologic signs are noted. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. The request is not medically necessary.

Acupuncture 2times per week for 4 weeks for cervical, lumbar, left shoulder and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: As shared, key points for this review are: this claimant was injured in 2014 with cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain and strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain and strain, left rotator cuff tear, left shoulder impingement syndrome, left shoulder sprain and strain, left knee internal derangement left knee meniscus tear, left knee pain, and left knee sprain and strain. No objective dermatomal neurologic signs are noted. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested at 8 sessions is above guides as to what may be effective. The sessions were appropriately non- certified under the MTUS Acupuncture criteria. The request is not medically necessary.