

Case Number:	CM15-0168181		
Date Assigned:	09/08/2015	Date of Injury:	03/20/2012
Decision Date:	10/13/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/26/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 51 year old male sustained an industrial injury to the neck and both shoulders via cumulative trauma reported on 8-20-12. Documentation did not disclose recent magnetic resonance imaging or previous treatments. In the only documentation submitted for review, a PR-2 dated 7-13-15, the injured worker complained of pain to the cervical spine and both shoulders rated 4 to 5 out of 10 on the visual analog scale. The injured worker also complained of depression, anxiety and irritability. Physical exam was remarkable for cervical spine with tenderness to palpation at the paraspinal musculature with spasms and positive shoulder depression and foraminal tests, right shoulder with swelling and healed scars with decreased and painful range of motion, tenderness to palpation, muscle spasms and positive Neer's test and lumbar spine with decreased and painful range of motion, tenderness to palpation, 4 out of 5 motor strength and positive Neer's test. Current diagnoses included cervical spine radiculopathy, cervical spine sprain and strain, status post right shoulder surgery, left shoulder impingement syndrome, anxiety and depression. The treatment plan included requesting acupuncture once a week for six weeks to decrease pain and spasms and increase range of motion and activities of daily living and follow-up with pain management for possible cervical spine epidural steroid injections. Utilization Review denied the request for acupuncture noting lack of documentation of functional improvement from previous acupuncture. Utilization Review denied the request for range of motion testing, noting lack of documentation indicating whether the exam was passive or active.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture one time per week times six weeks to the right shoulder is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical sprain strain; status post surgery right shoulder; left shoulder impingement syndrome; anxiety; and depression. Date of injury is August 20, 2012. Request for authorization is July 15, 2015. The medical record contains 25 pages. There is one progress note dated July 13, 2015 in the medical record. Subjectively, the injured worker complains of cervical pain 5/10 and right and left shoulder pain with depression and anxiety. Objectively, there is cervical tenderness to palpation with decreased range of motion. There is tenderness in the shoulders bilaterally. The treating provider requested six sessions of acupuncture. The guidelines recommend an initial trial of 3-4 visits over two weeks. The treating provider exceeded the recommended guidelines by requesting six acupuncture sessions for the initial trial. Based on clinical information available record, peer-reviewed evidence-based guidelines and an acupuncture request that exceeds the recommended guidelines for a 3-4 visit clinical trial, acupuncture one time per week times six weeks to the right shoulder is not medically necessary.

Range of motion test 1x month for 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), Range of motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Flexibility.

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion test one time per month for the right shoulder is not medically necessary. Computerized range of motion

(flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical sprain strain; status post surgery right shoulder; left shoulder impingement syndrome; anxiety; and depression. Date of injury is August 20, 2012. Request for authorization is July 15, 2015. The medical record contains 25 pages. There is one progress note dated July 13, 2015 in the medical record. Subjectively, the injured worker complains of cervical pain 5/10 and right and left shoulder pain with depression and anxiety. Objectively, there is cervical tenderness to palpation with decreased range of motion. There is tenderness in the shoulders bilaterally. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. Range of motion testing is not clinically indicated. Moreover, there is no clinical indication for monthly range of motion tests. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations for range of motion testing, range of motion test one time per month for the right shoulder is not medically necessary