

Case Number:	CM15-0183341		
Date Assigned:	09/24/2015	Date of Injury:	04/15/2015
Decision Date:	10/29/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Emergency 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 51 year old female, who sustained an industrial injury on 4-15-2015. She reported injury to the left shoulder from repetitive activity. Diagnoses include left shoulder sprain-strain, rotator cuff tear, impingement syndrome, anxiety and depression. A left shoulder MRI completed 7-2-15, revealed changes compatible with impingement, tendinosis and edema of the rotator cuff with a complete tear and fluid in the glenohumeral joint space. Treatments to date include activity modification, anti-inflammatory, topical analgesic, acupuncture, and physical therapy. Currently, she complained of ongoing left shoulder pain with weakness and cramping. On 7-28-15, the physical examination documented decreased strength in the left shoulder with decreased painful range of motion. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities, acupuncture, physical therapy, consultation to orthopedic surgery, and medication therapy. The appeal requested authorization for eight (8) acupuncture treatment sessions, twice a week for four weeks to treat the left shoulder and one JAMAR muscle testing per doctor's visit. The Utilization Review dated 8-24-15, modified the acupuncture treatments to allow for six (6) acupuncture treatments and denied the request for JAMAR muscle testing indicating that the medical records failed to support that the California Medical treatment Utilization Schedule (MTUS) Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left shoulder, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The requested Acupuncture for the left shoulder, twice a week for four weeks is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has ongoing left shoulder pain with weakness and cramping. On 7-28-15, the physical examination documented decreased strength in the left shoulder with decreased painful range of motion. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities, acupuncture, physical therapy, consultation to orthopedic surgery, and medication therapy. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met Acupuncture for the left shoulder, twice a week for four weeks is not medically necessary.

JAMAR Muscle testing x1 per doctor's visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/14746418>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://en.wikipedia.org/wiki/Hand_strength.

Decision rationale: The requested JAMAR Muscle testing x1 per doctor's visit is not medically necessary. CA MTUS and ODG are silent on this issue, and https://en.wikipedia.org/wiki/Hand_strength note that this is used to assess grip strength. The injured worker has ongoing left shoulder pain with weakness and cramping. On 7-28-15, the physical examination documented decreased strength in the left shoulder with decreased painful range of motion. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper extremities, acupuncture, physical therapy, consultation to orthopedic surgery, and medication therapy. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as a separate billable procedure. The criteria noted above not having been met, JAMAR Muscle testing x1 per doctor's visit is not medically necessary.