

Case Number:	CM15-0189587		
Date Assigned:	10/01/2015	Date of Injury:	05/26/2011
Decision Date:	12/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/25/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 48 year old male with an industrial injury dated 05-26-2011. Medical records indicate he is being treated for cervical spine sprain-strain with radicular complaints, left shoulder strain - status post left shoulder arthroscopy, status post right shoulder arthroscopy and lumbar spine sprain-strain with radicular complaints. Subjective complaints (08-13-2015) included numbness and tingling in both arms after prolonged walking. The injured worker was using a homemade cane for ambulation and posture support. The injured worker also reported that his left shoulder symptoms remain the same. He had completed 8 sessions of acupuncture with a 75% decrease in pain lasting about 2 weeks. Prior diagnostic studies included upper limb nerve conduction velocity studies were done on 06-02-2011 with the following impression (documented by the provider) (1) bilateral median motor and sensory neuropathy at wrists, (2) Bilateral radial sensory neuropathy, (3) Comparison of side to side difference with h reflex distal latencies. Prior treatments included chiropractic treatment, physical therapy, and medications. Objective findings (08-13-2015) included mild tenderness of bilateral shoulders. Supraspinatus weakness test was positive (4 plus-5.) Examination of the lumbosacral spine revealed positive Patrick, Faber's and Sciatic tenderness test. On 09-04-2015 utilization review non-certified the following requested treatments: NCV/EMG of the bilateral upper extremities; MR Arthrogram of the left shoulder; Acupuncture 2 times a week for 4 weeks for the lumbar spine; Acupuncture 2 times a week for 4 weeks for the left shoulder; Acupuncture 2 times a week for 4 weeks for the cervical spine

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the left 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) 2013 (Online version) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a shoulder MRI for this patient. The MTUS guidelines recommend the following criteria for ordering special imaging studies in shoulder complaints: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Reynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full- thickness rotator cuff tear not responding to conservative treatment). Regarding this patient's case, the patient does not have any acute red flag signs, including neurovascular impairment, torticollis or concerning local features such as a mass lesion with bony tenderness or swelling. Per the medical records, surgery is not planned at this time. Therefore, based on the submitted medical documentation, the request for a MRI arthrogram of the left shoulder is not medically necessary.

Acupuncture 2 times a week for 4 weeks for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. This patient has been prescribed acupuncture for 2 times a week for 4 weeks. He has been diagnosed with an upper extremity radiculitis with nonspecific soft tissue pain. Based on MTUS guidelines, a trial of acupuncture is not clinically appropriate since the length requested exceeds the 3-6 treatments needed to product functional improvement. Therefore, based on the submitted medical documentation, the request for acupuncture testing of the shoulder is not medically necessary.

NCV/EMG of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of bilateral upper and lower nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are not recommended with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma. This patient has clinical symptoms of cervical spine and radicular pain. Per ODG, NCV is not indicated for the bilateral lower extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury to the upper extremities. There is no documentation that this patient has failed conservative measures with splinting or injection therapy. Functional decline since studies is not documented with new red flag symptomatology. Therefore, based on the submitted medical documentation, the request for upper extremity bilateral nerve conduction studies and EMG is not medically necessary.

Acupuncture 2 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. This patient has been prescribed acupuncture for 2 times a week for 4 weeks. He has been diagnosed with an upper extremity radiculitis with nonspecific soft tissue pain. Based on MTUS guidelines, a trial of acupuncture is not clinically appropriate since the length requested exceeds the 3-6 treatments needed to produce functional improvement. Therefore, based on the submitted medical documentation, the request for acupuncture testing of the lumbar spine is not medically necessary.

Acupuncture 2 times a week for 4 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of acupuncture testing for this patient. The California MTUS Acupuncture guidelines address the topic of neck/cervical acupuncture. In accordance with California MTUS Acupuncture guidelines frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented. This patient has been prescribed acupuncture for 2 times a week for 4 weeks. He has been diagnosed with an upper extremity radiculitis with nonspecific soft tissue pain. Based on MTUS guidelines, a trial of acupuncture is not clinically appropriate since the length requested exceeds the 3-6 treatments needed to produce functional improvement. Therefore, based on the submitted medical documentation, the request for acupuncture testing of the cervical spine is not medically necessary.