

Case Number:	CM15-0028355		
Date Assigned:	02/23/2015	Date of Injury:	01/25/2014
Decision Date:	04/06/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old male sustained an industrial injury to bilateral shoulders and elbows via repetitive trauma on 1/25/14. X-rays of bilateral elbows and wrists (2/18/14) showed soft tissue swelling without fracture. Electromyography/nerve conduction velocity test of bilateral upper extremities showed left cubital tunnel syndrome. Magnetic resonance imaging right shoulder (6/22/14) showed partial tendon tears to the supraspinatus, infraspinatus and subscapularis with subdeltoid bursitis, acromial joint osteoarthritis and acromiohumeral outlet stenosis. Magnetic resonance imaging left shoulder (6/22/14) showed tendinosis versus partial tendon tears to the supraspinatus, infraspinatus and subscapularis, superior glenoid labral tear, anterior and posterior glenoid labral tears, biceps tendinosis versus partial tendon tear, acromial and glenohumeral joint osteoarthritis, inferior sloping of the acromion and subdeltoid bursitis. Treatment included medications and an unknown quantity of acupuncture. In a PR-2 dated 1/25/14, the injured worker complained of bilateral shoulder pain 8/10 on the visual analog scale. Physical exam was remarkable for bilateral shoulders with decreased range of motion and positive Hawkin's, Neer's and Yergeson's, ttp to bilateral elbows with spasms to extensor tendons. Current diagnoses included bilateral shoulder impingement, bilateral elbow medial/lateral epicondylitis and bilateral upper extremity overuse syndrome. On 1/29/15, Utilization Review noncertified a request for acupuncture twice a week for four weeks for the bilateral shoulders citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for four weeks for the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture twice a week for four weeks for the bilateral shoulders are not medically necessary per the MTUS guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request exceeds the recommended number of visits per the MTUS. Furthermore, the documentation indicates that the patient has had acupuncture in the past without documentation of functional improvement. The request for acupuncture twice a week for four weeks for the bilateral shoulders is not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI of the right shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the 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 Raynaud'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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had a prior MRI of the right and left shoulder in July of 2014. The physical exam findings do not reveal a red flag condition or findings suggestive of significant new pathology. The request for an MRI of the right shoulder is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-MRI.

Decision rationale: MRI of the left shoulder is not medically necessary per the MTUS and the ODG Guidelines. The ACOEM MTUS Criteria state that the 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 Raynaud'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). The ODG states that criteria for a shoulder MRI are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had a prior MRI of the right and left shoulder in July of 2014. The physical exam findings do not reveal a red flag condition or findings suggestive of significant new pathology. The request for an MRI of the left shoulder is not medically necessary.