

Case Number:	CM15-0223436		
Date Assigned:	11/19/2015	Date of Injury:	05/27/2014
Decision Date:	12/30/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/13/2015

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: Connecticut, California, Virginia
 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 48-year-old female who sustained an industrial injury on 5-27-2014. A review of medical records indicates the injured worker is being treated for cervical spine myalgia secondary to right shoulder injury, status post right shoulder arthroscopy, right shoulder tendinitis-bursitis, rule out residual right shoulder internal derangement, left wrist sprain strain, and left de Quervain's tenosynovitis. Medical records dated 7-7-2015 noted cervical spine pain rated an 8 out of 10. She has difficulties with activities of daily living. There was pain to the right shoulder rated 7-9 out of 10. There was left wrist-hand pain with numbness of the digits rated 7 out of 10. Physical examination noted cervical spine tenderness with decreased range of motion. There was tenderness of bilateral shoulder with decreased range of motion to the right. There was tenderness to the elbow and wrist. Treatment has included surgical intervention, 4 visits of physical therapy, and less than 15 sessions of acupuncture. Utilization review form dated 10-27-2015 non-certified acupuncture 2x6 right shoulder and ROM measurements and right shoulder limb muscle testing, manual-computerized tracker ROM from JTECK.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion (ROM) measurements and right shoulder limb muscle manual -
 Computerized tracker ROM: 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), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hand Clin. 2003 Aug; 19 (3): 379-86. The clinical evaluation of the upper limb joints' function: back to Hippocrates. Kapandji AI1. J Occup Rehabil. 2009 Mar; 19(1): 49-55. doi: 10.1007/s10926-008-9156-x. Epub 2008 Nov 15. The Comprehensive Muscular Activity Profile (CMAP): its high sensitivity, specificity and overall classification rate for detecting submaximal effort on functional capacity testing. Gatchel RJ1, Ricard MD, Choksi DN, Mayank J, Howard K.

Decision rationale: The California MTUS and ODG do not specifically address the use computerized range of motion testing as a modality with which to detect submaximal effort on functional capacity testing. It is not entirely clear why this testing has been requested in this case over simply use of clinical exam findings. While there may be concerns for submaximal effort, etc. on exam, overall the use of CMAP testing is not something recommended by the guidelines as it is not yet something supported by high-powered evidence. However, the literature is supportive of CMAP as a potential tool with utility in such cases. Given the provided records and the lack of insight provided by the guidelines, coupled with the lack of specific reasoning for the request, the request is not considered medically necessary.

Acupuncture 2 times 6 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. In this case utilization review has non-certified the request. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records, further acupuncture may be warranted, but overall treatment should not exceed 24 visits. It appears the patient has had about 15 sessions previously, and therefore a total of twelve further sessions is in excess of the guidelines.