

Case Number:	CM15-0034923		
Date Assigned:	03/03/2015	Date of Injury:	03/28/2009
Decision Date:	04/09/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 was a 59-year-old female, who sustained an industrial injury, March 28, 2009. According to progress note of January 22, 2015, the injured workers chief complaint was bilateral shoulder with frequent pain, neck pain with frequent pain, bilateral wrist constant pain with stiffness and swelling and difficulty with prolonged grabbing. There was swelling at the end of the day in the wrist. Examination of the cervical spine reveals paravertebral tenderness. There was significant pain on the bilateral sternocleidomastoid muscles with radiation to both shoulders. The examination of the bilateral shoulders reveal positive shoulder shrug test. There was positive pain in the anterior portion of the shoulder upon deep palpation with mild crepitus in the bilateral shoulder exams. The injured worker was diagnosed with right carpal tunnel syndrome, left carpal tunnel syndrome, right and left De Quervain's tenosynovitis, right and left wrist sprain/strain, right and left over use syndrome of bilateral elbows and wrists, right and left shoulder strain/sprain, cervical sprain/strain and cervical radiculopathy. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, spica brace and X-rays. January 22, 2015, the primary treating physician requested authorization for acupuncture 2-3 times a week for 6 weeks, MRI of bilateral shoulders and range of motion testing. February 3, 2015, the Utilization Review denied authorization for acupuncture 2-3 times a week for 6 weeks, MRI of bilateral shoulders and range of motion testing. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 169-170, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, computerized muscle testing.

Decision rationale: The request is not considered medically necessary. Range of motion is part of the physical exam and should have been done by any of the providers. However, range of motion can be done manually or through specialized computer testing. There must be a medical necessity to perform more than a manual exam. Range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. Therefore, the request is considered not medically necessary.

Acupuncture 2-3 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2-3 sessions per week for six weeks is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting 12-18 sessions. Because of these reasons, the request is not medically necessary.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

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

Decision rationale: The request is considered not medically necessary. Because MTUS does not address shoulder MRIs, ODG guidelines were used. ODG states that a shoulder MRI is indicated for acute shoulder trauma, rotator cuff tear/impingement, or if instability and labral tears were suspected. In her most recent progress notes, there is no documentation of significant progression of exam findings or symptoms that would require additional imaging. MRI is not recommended

unless symptoms and findings suggest significant pathology. Therefore, the request is considered not medically necessary.