

Case Number:	CM15-0038726		
Date Assigned:	03/09/2015	Date of Injury:	08/19/2014
Decision Date:	04/16/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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 York, West Virginia, Pennsylvania
 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 (IW) is a 39 year old female who sustained an industrial injury on 08/19/2014. She has reported pain in the right shoulder, neck, elbow, wrist and hand. Diagnoses include right shoulder impingement with moderate tearing of the bursal surface of the intrasubstance portion of the supraspinatus tendon and supraspinatus tendinosis; disk desiccation at multiple levels of the cervical spine; herniated nucleus pulposus at C5-6 and C6-7 with radiculopathy; reactive sleep disturbance; and musculoligamentous sprain/strain of the cervical spine. Treatments to date include 6 sessions chiropractic therapy for the cervical spine and 6 sessions for the right shoulder (total 12 sessions) with moderate relief. A progress note from the treating provider dated 12/16/2014 indicates that range of motion is decreased for the right shoulder with 130 degrees flexion, 40 degrees extension, 130 degrees abduction, 40 degrees adduction internal rotation to L4, and external rotation of about 50 degrees. There is full range of motion in the left shoulder. She has decreased range of motion of the cervical spine, with extension 40 degrees, flexion 50 degrees, left rotation 65 degrees, right rotation 70 degrees and pain mainly with extensions and left and right rotation over the right side of the neck. There is mild give-way weakness over the left extremity with elbow flexion and extension. In the musculoskeletal exam, Hawkins is positive over the right shoulder. There is AC joint tenderness. Crossover test is positive. Empty-can test increases her pain over the right deltoid. She has trapezius tenderness and right paravertebral tenderness. Tinel's is negative over the right elbow and wrist, and there is no cubital tunnel tenderness over the left wrist. Sensation is decreased over the right C5-6 dermatome to pinprick and light touch. The treatment plan includes an

electromyogram /nerve conduction velocity (EMG/NCV) of the bilateral upper extremities, 8 sessions of chiropractic treatment for the cervical spine and right shoulder, 8 sessions of acupuncture for the cervical spine and right shoulder, and prescriptions of Ketoprofen, Omeprazole, Flexeril, and Lunesta. On 02/16/2015 Utilization Review non-certified a request for EMG/NCS of the bilateral upper extremities. The MTUS-ACOEM Guidelines were cited. On 02/16/2015 Utilization Review non-certified a request for Chiropractic treatment for the cervical spine, eight sessions. The MTUS Guidelines were cited. On 02/16/2015 Utilization Review non-certified a request for Chiropractic treatment for the right shoulder, eight sessions. The MTUS Guidelines were cited. On 02/16/2015 Utilization Review non-certified a request for Acupuncture for the cervical spine, eight sessions. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, table 8-7.

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

Decision rationale: Guidelines state that EMG and NCV may identify subtle focal neurologic dysfunction in patients with neck or arm symptoms for more than 3-4 weeks. In this case, the patient has muscle weakness and decreased sensation in the C5-6 dermatome. Conservative treatment has not been exhausted and until failure of conservative treatment is documented, EMG/NCV is not indicated. The request for EMG/NCV of the upper extremities is not medically necessary and appropriate.

Chiropractic treatment for the cervical spine, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60.

Decision rationale: Guidelines recommend a maximum duration of 8 weeks of chiropractic sessions with the option of more sessions with evidence of objective functional benefit. In this case, the patient has undergone 6 sessions with moderate relief but there is no documentation of functional improvement. There is no documentation of improvement in function or quality of life. Thus the request for chiropractic treatment for the cervical spine, 8 sessions is not medically necessary and appropriate.

Chiropractic treatment for the right shoulder, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Section Page(s): 58 - 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-60.

Decision rationale: Guidelines recommend a maximum duration of 8 weeks of chiropractic sessions with the option of more sessions with evidence of objective functional benefit. In this case, the patient has undergone 6 sessions with moderate relief but there is no documentation of functional improvement. There is no documentation of improvement in function or quality of life. Thus the request for chiropractic treatment for the right shoulder, 8 sessions is not medically necessary and appropriate.

Acupuncture for the cervical spine, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Section Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture.

Decision rationale: Guidelines state that 3-6 acupuncture treatments should produce functional improvement. In this case, the patient has not yet completed an initial 6 sessions to determine efficacy. Thus, the request for acupuncture x 8 cervical spine is in excess and is not medically necessary and appropriate.