

Case Number:	CM14-0133818		
Date Assigned:	08/27/2014	Date of Injury:	04/21/2013
Decision Date:	10/30/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 04/21/2013. The mechanism of injury occurred when she expanded a bedsheet and subsequently felt a pop in her shoulder. Diagnoses included recurrent supraspinatus and infraspinatus tendinitis, right shoulder impingement syndrome, possible carpal tunnel syndrome, and myofascial pain of the thoracic spine. Past treatments included physical therapy, right shoulder cortisone injection, and 6 acupuncture sessions to the cervical spine and right shoulder. Diagnostic studies included an official MR arthrogram and x-ray of the right shoulder on 02/06/2014. No abnormalities were identified on x-ray, and the arthrogram was considered satisfactory and revealed no evidence of occult rotator cuff tear or glenoid labral pathology. Surgical history included right shoulder subacromial decompression in 2013. The clinical note, dated 06/18/2014, indicated the injured worker complained of cervical spine pain radiating down the right upper extremity, and rated the pain 4/10. The physical exam revealed tenderness to palpation of the cervical spine and right shoulder. Right shoulder muscle strength was rated 3/5, and range of motion was indicated as abduction and flexion of 160 degrees, and internal and external rotation 60 degrees. Right shoulder depression, Neer's, and impingement sign were all positive. Additionally, the right wrist revealed positive Phalen's test over the carpal tunnel region, and there was tenderness over the right lateral epicondyle. Current medications were not provided. The treatment plan included a physician consult, EMG/NCV for the bilateral upper extremities, and 6 visits of acupuncture. The rationale for the request included medication management and to rule out radiculopathy, neuropathy and carpal tunnel syndrome. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with [REDACTED] for pharmaceutical medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office visits

Decision rationale: The request for Consult with [REDACTED] for pharmaceutical medication is not medically necessary. The Official Disability Guidelines indicate that office visits are recommended and play a critical role in the proper diagnosis and return to function of an injured worker. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The clinical documentation provided the injured worker complained of pain in the cervical spine radiating down the right upper extremity. Current medications were not provided. There is a lack of clinical documentation to indicate why the primary treating physician could not provide medication management, therefore requiring the consult with another provider. Therefore, the request cannot be supported at this time. As such, the request for Consult with [REDACTED] for pharmaceutical medication is not medically necessary.

EMG of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Carpal Tunnel, Electromyography

Decision rationale: The request for EMG of the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines indicate that electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines go on to state that EMG is recommended only in cases where diagnosis of carpal tunnel is difficult with nerve conduction studies. The clinical documentation provided the injured worker complained of pain in the cervical spine radiating down the right upper extremity. Physical examination of the right upper extremity revealed positive Phalen's test over the carpal tunnel region, tenderness over the lateral epicondyle, shoulder muscle strength rated 3/5, and positive Neer's test. While electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome, EMG is not generally necessary. Therefore, the treatment plan is not supported at this time. As such, the request for EMG of the right upper extremity is not medically necessary.

Acupuncture; 6 visits: 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 6 visits is not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It can be used to reduce pain, reduce inflammation, increase range of motion, and reduce muscle spasm. The frequency of sessions is 1 to 3 times per week, with 6 treatments as the time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The injured worker complained of cervical spine pain radiating down the right upper extremity. She recently completed at least 6 sessions of acupuncture to the cervical spine and right shoulder. There is a lack of clinical documentation of the efficacy of the previous sessions, including quantified pain relief and functional improvement. Therefore, the request for additional sessions is not supported at this time. As such, the request for Acupuncture; 6 visits is not medically necessary.

EMG of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines indicate that electromyography may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical documentation provided indicated the injured worker complained of pain in the cervical spine radiating down the right upper extremity. There is no indication that she had any subjective complaints or physical examination findings involving the left upper extremity. Therefore, the treatment plan is not supported at this time. As such, the request for EMG of the left upper extremity is not medically necessary.

NCV of the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Carpal Tunnel, Electromyography

Decision rationale: The request for NCV of the right upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines indicate that nerve conduction may help

identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The Official Disability Guidelines go on to state that nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. The clinical documentation provided indicated the injured worker complained of pain in the cervical spine radiating down the right upper extremity. Physical examination of the right upper extremity revealed positive Phalen's test over the carpal tunnel region, tenderness over the lateral epicondyle, positive Neer's test, and right shoulder muscle strength rated 3/5. While the guidelines indicate that NCV is recommended for clinical signs of carpal tunnel syndrome, there is a lack of any previous conservative treatments, including wrist splint, NSAIDs, physical therapy, and steroid injection. Therefore, the treatment plan is not supported at this time. As such, the request for NCV of the right upper extremity is not medically necessary.

NCV of the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for NCV of the left upper extremity is not medically necessary. The California MTUS/ACOEM Guidelines indicate that nerve conduction may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. The clinical documentation provided indicated the injured worker complained of pain in the cervical spine radiating down the right upper extremity. There is a lack of subjective complaints or physical examination findings involving the left upper extremity. Therefore, the request cannot be supported at this time. As such, the request for NCV of the left upper extremity is not medically necessary.