MAXIMUS Federal Services

Case Number:	CM14-0145600		
Date Assigned:	09/12/2014	Date of Injury:	02/16/2014
Decision Date:	10/14/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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:

This is a 30-year-old male with a 2/16/14 date of injury, when he lifted a 200 pounds heavy patient and injured his neck, right shoulder, arm and chest. The acupuncture progress note dated 8/13/14 stated that the patient's strength, range of motion and stress level improved. The patient was seen on 8/18/14 with complaints of 4-7/10 cervical spine pain, 5-7/10 thoracic spine pain, 8-9/10 right shoulder pain and 5-6/10 chest pain. Exam findings revealed weight 166 pounds, blood pressure 143/86 and pulse 82. The remainder of notes was handwritten and somewhat illegible. The diagnosis is cervical, thoracic and tight shoulder sprain/strain, chest pain, anxiety/depression and insomnia. MRI of the cervical spine dated 5/13/14 revealed 1-2 mm posterior disc bulges at C3-C7 without evidence of canal stenosis or neural foraminal narrowing. MRI of the right shoulder dated 5/16/14 revealed acromioclavicular osteoarthritis. Treatment to date: physical therapy, acupuncture, work restrictions and medications. An adverse determination was received on 8/25/14. The request for Acupuncture for right shoulder, neck and thoracic spine was modified to 4 sessions. The request for EMG/NCS of bilateral upper extremities was denied. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 4 right shoulder, neck, and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter; and on the Official Disability Guidelines (ODG) Shoulder Chapter, Acupuncture

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. However, ODG states that among those shoulder indications found to have positive outcomes from acupuncture were rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following arthroscopic acromioplasty. Additionally, ODG supports an initial trial of 3 to 6 visits. The progress report dated 8/13/14 indicated that the patient underwent acupuncture treatment and benefited from it. However, it is not clear how many sessions were accomplished. The UR decision dated 8/25/14 modified the request for Acupuncture 2x4 for right shoulder, neck and thoracic spine was to 4 sessions. There is no rationale with regards to the additional acupuncture sessions. Therefore, the request for Acupuncture 2x4 for right shoulder, neck and thoracic spine was not medically necessary.

Electromyography (EMG) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, EMG

Decision rationale: CA MTUS criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The recent progress report dated 8/18/14 did not indicate any signs of radiculopathy on the physical examination and the muscle strength of the bilateral upper extremities was not documented. MRI of the cervical spine dated 5/13/14 revealed 1-2 mm posterior disc bulges at C3-C7 without evidence of canal stenosis or neural foraminal narrowing. In addition, there is no rationale with regards to the need for an EMG of the bilateral upper extremities for the patient. Therefore, the request for EMG of bilateral upper extremities was not medically necessary.

Nerve conduction velocity (NCV) of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter NCS

Decision rationale: CA MTUS criteria for NCS of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. The recent progress report dated 8/18/14 did not indicate any signs of radiculopathy on the physical examination. MRI of the cervical spine dated 5/13/14 revealed 1-2 mm posterior disc bulges at C3-C7 without evidence of canal stenosis or neural foraminal narrowing. In addition, there is no rationale with regards to the need for an NCS of the bilateral upper extremities for the patient. Therefore, the request for NCS of bilateral upper extremities was not medically necessary.