

Case Number:	CM14-0160320		
Date Assigned:	10/06/2014	Date of Injury:	09/19/2013
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/30/2014

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 has a subspecialty in Pain Medicine 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 54 year-old female with a date of injury of 9/19/2013. The patient's industrially related diagnosis is left shoulder pain after a flu shot. The injured worker experienced atrophy and weakness in the left arm. Therefore, physical therapy and ultrasound guided steroid injection of the left shoulder have been completed. Afterwards, there was no significant improvement of patient's symptoms. The patient had an MRI on 12/17/2013 which showed some infraspinatus edema, and minimal fluid in the subacromial bursa. The patient also had a electromyogram study on 2/21/2014 which was within normal limits. The disputed issues are a repeat electromyogram / nerve conduction study, and acupuncture treatment 2-3 times a week for 6 weeks. A utilization review determination on 9/18/2014 had noncertified the request for the electromyogram and nerve conduction study, and modified acupuncture to 6 total visits. The stated rationale for EMG denial was the current examination does not indicate suggestions of radiculopathy or peripheral neuropathy, and the patient had already undergone electrodiagnostic testing on February 21, 2014. The stated rationale for modified acupuncture sessions was that only 6 sessions of initial acupuncture are recommended by the Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177, 271-273.

Decision rationale: In the case of this request, there is documentation from a progress note on September 10, 2014 that the rationale for a repeat electrodiagnostic study is to "make sure there is no settled nerve injury." It had been noted by the requesting provider that a previous electrodiagnostic study was unremarkable. The physical examination documented in this progress note did not demonstrate any abnormality in light touch along the peripheral nerve distributions of the upper arms. At this juncture, it is unclear how a repeat electrodiagnostic study would benefit given the lack of significant neurologic findings on physical examination. Electrodiagnostic tests are known to be very specific for nerve injury, but lack sensitivity. It is unlikely to pick up a subtle nerve injury on electrodiagnostic testing. This is especially the case in proximal aspects of the upper extremity, where nerve conduction testing is very limited. This request is not medically necessary.

Accupuncture two to three (2-3) times a week for six (6) weeks to the left upper extremity:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the following: "Time to produce functional improvement: 3 to 6 treatments." Therefore, the request as made is in excess of these guidelines. Since the independent medical review process cannot modify requests, this request is not medically necessary.