

<b>Case Number:</b>	CM15-0004820		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on February 1, 2005. The injured worker has reported bilateral shoulder pain, right knee pain, neck pain and wrist pain. The diagnoses have included a right tear of the supraspinatus and tendinopathy of the infraspinatus, left shoulder pain, cervical pain with right upper extremity symptoms, bilateral wrist/hand pain and right medial and lateral elbow pain. Treatment to date has included pain medication, physical therapy to the right knee, chiropractic treatments to the cervical spine and right shoulder, acupuncture treatment to the right shoulder and cervical spine and a right shoulder arthroscopic subacromial decompression with debridement of the rotator cuff. Current documentation dated December 19, 2014 notes that the injured worker complained of right knee pain rated at a seven out of ten on the Visual Analogue Scale. She also reported bilateral shoulder pain, cervical spine pain and wrist pain. Physical examination revealed tenderness of the bilateral shoulders with limited range of motion. However, the range of motion was noted to have improved. Cervical spine examination revealed spasms which were less pronounced. On December 26, 2014 Utilization Review non-certified a request for an electromyography/nerve conduction velocity study of the bilateral upper extremities, additional acupuncture to the right shoulder and cervical spine 2 times a week for 6 weeks and chiropractic treatment for the cervical spine 3 times a week for 4 weeks. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On January 9, 2015, the injured worker submitted an application for IMR for review of an electromyography/nerve conduction velocity study of the bilateral upper extremities, additional acupuncture to the right shoulder and cervical spine 2

times a week for 6 weeks and chiropractic treatment for the cervical spine 3 times a week for 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG/NCV of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines-Elbow

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** ACOEM Guidelines, Chapter 8, Neck, page 178 states that electromyography and nerve conduction velocities may help identify subtle focal neurological dysfunction in patients with neck, or arm symptoms, or both lasting more than 3-4 weeks. Implicit in this guideline is that the medical record should include documentation of a specific rationale and differential diagnosis for which electrodiagnostic study has been requested. The records do not include such detail to clarify reasoning for these electrodiagnostic studies. Overall, this request is not medically necessary.

**Additional acupuncture to the right shoulder and cervical spine 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1, page 9 state that acupuncture treatments may be extended if functional improvement is documented as specifically defined in the California Medical Treatment Utilization Schedule. The medical records do not clearly document such functional improvement from prior acupuncture. Therefore, the request is not supported by the treatment guidelines. This request is not medically necessary.

**Chiropractic treatment for the cervical spine 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 98-99 recommends to allow for fading of treatment frequency plus active self-directed home physical medicine. It is unclear at this time why this patient would require active chiropractic treatment or active physical therapy treatment or other physical medicine treatment other than a continued independent home rehabilitation program. Therefore, overall, this request is not supported by the treatment guidelines. This request is not medically necessary.