

Case Number:	CM15-0010101		
Date Assigned:	01/27/2015	Date of Injury:	10/18/2008
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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
 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 is a 47 year-old female who has reported a variety of upper extremity symptoms and mental illness of gradual onset attributed to an injury on 10/18/08. The diagnoses have included bilateral carpal tunnel syndrome, ulnar neuritis, right shoulder impingement, cervical radiculopathy, and chronic gastritis due to NSAIDs. Her medical history included coronary artery disease (CAD) and insulin dependent diabetes mellitus. A shoulder MRI on 12/22/13 showed mild degenerative changes and a labral tear. Per an orthopedic surgical evaluation on 2/26/14, the injured worker had ongoing shoulder symptoms after injections and was a candidate for surgery. The treating physician's report of 12/5/14 noted continued pain of the extremities and neck with frequent tingling and numbness in both hands. The injection to the shoulder gave moderate symptom relief for a few weeks. There was wrist tenderness, positive Tinel and Phalen signs, mild tenderness over the cubital tunnel, shoulder tenderness, and positive impingement signs. There were no findings of radiculopathy beyond a questionably positive Spurling's sign. Medications included Insulin, Lipitor, baby aspirin, Tramadol, Skelaxin, and Indocin. The treatment plan included additional acupuncture 2 times a week for 4 weeks, right shoulder surgical consultation, repeat electrodiagnostic test of the upper extremities, Norco, and MRI of the cervical spine. On 1/9/15, Utilization Review non-certified 8 acupuncture sessions, consultation with an orthopedic surgeon for the right shoulder, electrodiagnostic testing of the bilateral upper extremities, MRI of the cervical spine. The MTUS and the Official Disability Guidelines were cited. Note was made of the lack of specific functional improvement from prior acupuncture, lack of necessity for a repeat surgical consultation when the prior consultant

recommended surgery, lack of necessity to repeat electrodiagnostic testing, and lack of specific signs to support the MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Acupuncture sessions (right shoulder, neck, bilateral wrists) (2x4 weeks):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. The treating physician has referred to benefit from prior acupuncture, but there are no records of the results of that acupuncture. Specific functional improvement was not described. If the current acupuncture prescription is for additional acupuncture as indicated in the record, it is necessary to provide evidence or discussion of functional improvement from prior acupuncture. However, if the current acupuncture prescription is for an initial course of acupuncture, the MTUS states that an initial course of acupuncture is 3-6 visits. The prescription is for 8 visits would exceed the quantity recommended in the MTUS. The request for acupuncture is not medically necessary based on a prescription which exceeds the quantity recommended in the MTUS, the lack of specific indications per the MTUS, and the lack of evidence for functional improvement from any prior acupuncture treatments.

Consultation with an orthopedic surgeon for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211.

Decision rationale: The treating physician has prescribed a surgical consultation for the shoulder. The records contain a prior consultation which resulted in a recommendation for surgery. Surgery may or may not be indicated per guidelines, per the available records. The treating physician, a surgeon, has not described the kinds of failed care other than injection. The treating physician did not discuss any potential surgical pathology in the shoulder but did describe some positive physical findings. Per the ACOEM Guidelines Pages 209-211, surgical consultation may be indicated for: Red-flag conditions (acute rotator cuff tear in a young worker, dislocation, etc) Activity limitation > 4 months plus a surgical lesion Failure to increase ROM and strength after an exercise program plus a surgical lesion Clear evidence of a lesion shown to benefit in the short and long term from surgical repair The treating physician, and the orthopedic surgeon in February 2014, did not describe the criteria for surgery per these guideline

recommendations. The criteria for surgery in the available records are ongoing pain and temporary responses to injections. These do not fulfill the criteria in the guidelines and the consultation is not therefore medically necessary. Were there to be a more complete account of the signs, symptoms, test findings, treatment results, and reasons for surgery, a referral for surgery may be indicated.

Electrodiagnostic testing (EMG) of the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 268, 272.

Decision rationale: The treating physician, in the Request for Authorization for electrodiagnostic testing, stated only that the bilateral tests are need for comparison purposes. The specific indications for testing were not described in the Request for Authorization or in the PR2. The diagnosis of carpal tunnel syndrome is already established per the records and the specific indications to repeat electrodiagnostic testing were not discussed. The cited guidelines clearly establish that electrodiagnostic testing is recommended for the diagnosis of carpal tunnel syndrome, but repeat testing would not be necessary absent initially negative testing, per the guidelines. There may be other reasons to repeat tests, such as a failed surgery but the treating physician has not described any indications. The treating physician has not presented good evidence for performing electrodiagnostic testing for any other purpose. The electrodiagnostic testing is not medically necessary as there are no clear indications to repeat the testing.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182.

Decision rationale: The ACOEM Guidelines 2nd Edition portion of the MTUS provides direction for performing imaging of the spine. Per the MTUS citation above, imaging studies are recommended for “red flag” conditions, physiological evidence of neurological dysfunction, and prior to an invasive procedure. This injured worker had no objective evidence of any of these conditions or indications for an invasive procedure. The treating physician has not documented any specific neurological deficits indicative of radiculopathy or other signs of significant pathology. Per the MTUS, imaging is not generally necessary absent a 3-4 week period of conservative care. The treating physician did not describe an adequate course of conservative care prior to prescribing an imaging study. Ongoing pain or non-specific radiating symptoms do

not constitute a sufficient basis for performing an MRI. The MRI is not medically necessary based on the recommendations in the MTUS.