MAXIMUS Federal Services

Case Number:	CM15-0112346		
Date Assigned:	06/18/2015	Date of Injury:	08/25/2012
Decision Date:	07/17/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female sustained an industrial injury on 8/25/12. She subsequently reported right upper extremity pain. Diagnoses include multi-level degenerative dessicated disc protrusions at the cervical spine, status post shoulder surgery with residuals, residual impingement syndrome at the right shoulder, possible right carpal tunnel syndrome and sleep disorder. Treatments to date include nerve conduction, x-ray and MRI testing, right shoulder surgery, physical therapy and prescription pain medications. The injured worker continues to experience right upper extremity pain. Upon examination, there was muscle tightness of the cervical spine, spasms and tenderness of bilateral trapezius muscles and in the scapular region. Right shoulder range of motion was reduced. There was tenderness in the acromioclavicular joint. Impingement sign and Hawkin's tests were positive. Deep tendon reflexes were absent at the right elbow and wrist. Tinel's was questionable but Phalen's was positive. A request for Acupuncture 2 times per week for 6 weeks for cervical spine and Electromyography (EMG)/ Nerve Conduction Studies (NCS) of bilateral upper extremities was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 6 weeks for cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for right upper extremity pain. When seen, she was having constant right shoulder pain and neck stiffness and pain. She was having radiating pain into the right upper extremity with numbness and tingling of her hand. There was decreased cervical spine range of motion with muscle tenderness and spasm. There was decreased and painful right shoulder range of motion with tenderness and positive impingement testing. There was positive Phalen's testing and questionable positive Tinel's testing at the right wrist. Prior testing had included a cervical spine MRI, two right shoulder MRIs, and electrodiagnostic testing. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

Electromyographpy (EMG)/ Nerve Conduction Studies (NCS) of bilateral upper extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) (2) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for right upper extremity pain. When seen, she was having constant right shoulder pain and neck stiffness and pain. She was having radiating pain into the right upper extremity with numbness and tingling of her hand. There was decreased cervical spine range of motion with muscle tenderness and spasm. There was decreased and painful right shoulder range of motion with tenderness and positive impingement testing. There was positive Phalen's testing and questionable positive Tinel's testing at the right wrist. Prior testing had included a cervical spine MRI, two right shoulder MRIs, and electrodiagnostic testing. Indications for repeat testing include the following: (1) The development of a new set of symptoms; (2) When a serious diagnosis is suspected and the results of prior testing were insufficient to be conclusive; (3) When there is a rapidly evolving disease where initial testing may not show any abnormality (e.g., Guillain-Barr syndrome); (4) To follow the course of certain treatable diseases such as polymyositis or myasthenia gravis; (5) When there is an unexpected course or change in course of a disease and; (6) To monitor recovery and help establish prognosis and/or to determine the need for and timing of surgical interventions in the setting of recovery from nerve injury.

In this case, the claimant has already had EMG/NCS testing and none of the above indications is present. There would be no indication for testing the asymptomatic left upper extremity. The requested testing was not medically necessary.