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| Case Number: | CM15-0120365 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 04/21/2014 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/01/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: California

Certification(s)/Specialty: Family Practice

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 sustained an industrial injury on April 21, 2014. She reported an injury to her neck and her left shoulder. Treatment to date has included NCV/EMG of the upper extremity, MRI of the left shoulder and cervical spine, compound medications, pain management consultation and medications. Currently, the injured worker complains of cervical spine, left shoulder and left wrist pain. She describes the cervical spine pain as sharp, stabbing neck pain, stiffness and heaviness radiating to the shoulders. She has associated weakness and notes the symptoms are present with prolonged or repetitive looking up, prolonged or repetitive looking down and with repetitive overhead reaching. Her left shoulder pain is described as sharp and burning with associated stiffness and heaviness. Her shoulder pain is aggravated with lifting 10 pounds, with prolonged or repetitive reaching, prolonged pushing and prolonged pulling repetitively or prolonged or repetitive overhead reaching. She rates her pain an 8 on a 10-point scale and notes that her pain is relieved with medication and with rest. Her range of motion of the cervical spine and left shoulder are limited. She has tenderness to palpation and spasm of the bilateral trapezii and the cervical paravertebral muscles. Her left shoulder is tender to palpation and she has a spasm and a limited range of motion. Impingement test was positive. The diagnoses associated with the request include brachial neuritis/radiculitis, neck sprain/strain, shoulder impingement, shoulder sprain/strain and disorders of the bursae/tendon of the shoulder. The treatment plan includes acupuncture to reduce pain and spasm and continued medications. The injured worker has completed 12 sessions of acupuncture treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Test Cervical Spine and Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Computerized range of motion (ROM).

Decision rationale: According to ODG, flexibility is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. As noted in ODG, "The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. (Andersson, 2000)" The request for range of motion testing is not supported. Range of motion testing should be part of a routine examination and the request for specialized testing is not supported. The request for Range of Motion Test Cervical Spine and Left Shoulder is not medically necessary and appropriate.

Acupuncture 1 x Week x 6 Weeks Cervical Spine and Left Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS acupuncture guidelines, acupuncture treatments may be extended if functional improvement is documented, "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, the injured worker has previously undergone 12 sessions of acupuncture, and the medical records do not establish evidence of objective functional improvement or decrease in medication usage to support the request for additional acupuncture treatments. The request for Acupuncture 1 x Week x 6 Weeks Cervical Spine and Left Shoulder is not medically necessary and appropriate.