

Case Number:	CM15-0124244		
Date Assigned:	07/08/2015	Date of Injury:	02/23/2015
Decision Date:	09/15/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 41 year old female who sustained an industrial injury on 02/23/15. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include x-rays. Current complaints include left shoulder and elbow pain. Current diagnoses include left shoulder impingement/tendonitis, left elbow epicondylitis, and right shoulder issues. In a progress note dated 05/26/15 the treating provider reports the plan of care as a MRI of the left shoulder, physical therapy, and acupuncture to the left shoulder and left elbow. The requested treatments include muscle strength testing, physical therapy and acupuncture to the left elbow and shoulder, MRI of the left shoulder, and an office consult for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motor Strength testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper extremity Complaints: Motor Strength Testing.

Decision rationale: Motor Strength testing is not medically necessary. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering a study. Indiscriminant testing will result in false-positive findings, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an appropriate test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is no indication for this type of testing due to an unclear physical exam; therefore, the request is not medically necessary.

Physiotherapy for the left shoulder and left elbow 1 time a week for 4 to 6 weeks, quantity: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

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

Decision rationale: Physiotherapy for left shoulder and left elbow 1 time a week for 4 to 6 weeks, quantity: 6 sessions is medically necessary. Page 99 of CA MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8- 10 visits over 4 weeks is medically necessary.

Acupuncture for the left shoulder and left elbow 1 time a week for 4 to 6 weeks, quantity: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture for the left shoulder and left elbow 1 time a week for 4 to 6 weeks, quantity: 6 sessions is medically necessary. Per CA MTUS "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.

MRI (Magnetic Resonance Imaging) of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Left Upper Extremity Pain: Diagnostic Consideration.

Decision rationale: MRI of the left shoulder is not medically necessary. The ODG states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before entering an imaging study. Indiscriminate imaging will result in falls positive findings, suggests disc bulge, but are not the source of painful symptoms did not warrant surgery. If physiologic evidence indicates tissue consult for nerve impairment, the practitioner can discuss with a consultant the flexion of an imaging test to the find a potential cause (magnetic resonance imaging for neural or soft tissue, computed tomography for bony structures). There is lack of documentation of decreased function and failed conservative therapy to warrant a MRI of the shoulder; therefore, it is not medically necessary.

Office consultation for medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 97-124.

Decision rationale: Office consultation for medication management is not medically necessary. According to ACEOM, referral may be appropriate if the practitioner is uncomfortable with the enrollee's presentation, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan. Page 127 of the same guidelines states that the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A follow- up may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well- reasoned opinion, sometimes including analysis of causality. There is lack of documentation of failed conservative therapy; therefore, the request is not medically necessary.