

Case Number:	CM15-0176290		
Date Assigned:	09/17/2015	Date of Injury:	08/29/2014
Decision Date:	10/26/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/08/2015

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 35 year old female, who sustained an industrial injury on 8-29-14. She reported pain in the left upper extremity and neck. The injured worker was diagnosed as having left shoulder derangement, cervical sprain and strain, left shoulder impingement, and cervical degenerative disc disease. Treatment to date has included at least 4 acupuncture treatments, physical therapy, home exercise, chiropractic treatment, and medication. The treating physician noted acupuncture "provides temporary relief." Physical examination findings on 7-31-15 included normal shoulder range of motion passively and actively. Negative impingement sign, full strength to resisted rotator cuff testing, negative apprehension test, negative sulcus sign, and negative lift off tests were noted. A mildly positive impingement sign, some pain with provocative labral tear and superior labral anterior posterior tear maneuvers was also noted. On 6-1-15 the treating physician noted she continues to have difficulty with many activities of daily living. Currently, the injured worker complains of left shoulder pain. On 8-20-15 the treating physician requested authorization for a MRI arthrogram of the left shoulder, acupuncture x4-6 visits for the left shoulder, and labs including BUN and creatinine. On 8-27-15 the requests were non-certified. Regarding the MRI arthrogram, the utilization review (UR) physician noted "there is no evidence of severe progressive abnormal findings. Detailed and recent non-operative treatment had not been documented to have been comprehensively tried and failed." Regarding acupuncture, the UR physician noted "here was no detailed documentation of reasonably maintained functional improvement from the prior acupuncture treatments." Regarding BUN and creatinine, the UR physician noted the requested MRI arthrogram was not indicated so the request for BUN and creatinine is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram, left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Arthrography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/ MR arthrogram.

Decision rationale: According to ODG, MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. Per ODG, MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. In this case, the injured worker remains with subjective and positive examination findings despite undergoing conservative care treatment including physical therapy, acupuncture, and medications. At this juncture, the request for MR arthrogram is supported. The request for MRI Arthrogram, left shoulder is medically necessary and appropriate.

BUN/Creatinine labs: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/ency/article/003610.htm>
<https://www.nlm.nih.gov/medlineplus/ency/article/003474.htm>.

Decision rationale: The injured worker has been recommended to undergo MR arthrogram imaging. This request is medically necessary and appropriate. The request for BUN/Creatinine laboratory studies is supported to evaluate the injured worker's kidney function. The request for BUN/Creatinine labs is medically necessary and appropriate.

Acupuncture 4-6 visits left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that 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. The guidelines state that acupuncture treatments may be extended if functional improvement is documented. The MTUS guidelines state that 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. In this case, the injured worker has undergone prior acupuncture treatments. The medical records do not establish improvement from past acupuncture treatments to support the request for additional treatment. The request for Acupuncture 4-6 visits left shoulder is not medically necessary or appropriate.