

<b>Case Number:</b>	CM15-0176824		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Physical Medicine & Rehabilitation

### 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 04-01-2010. The injured worker is currently able to work modified duty with restrictions. Medical records indicated that the injured worker is undergoing treatment for persistent cervicgia, stage III impingement to right shoulder, history of bilateral elbow lateral epicondylitis, history of bilateral wrist strain with deQuervain's tenosynovitis-flexor carpi ulnaris tendinopathy, and history of lumbar spine strain. Treatment and diagnostics to date has included bilateral wrist braces, physical therapy, and medications. No MRI reports noted in received medical records. In a progress note dated 07-15-2015, the injured worker reported "persistent discomfort in regards to her neck and shoulder". Objective findings included "active forward flexion 160 degrees, abduction 150 degrees, and external rotation 60 degrees with some positive impingement signs, with neurovascular status grossly intact to right upper extremity and hand. Mild positive Finkelstein's present at the right wrist." The treating physician noted that the injured worker's "last MRI was again on 05-23-2012" and "she may be a candidate for repeat MRI if her symptomatology persists" but does not state location of MRI. The Utilization Review with a decision date of 08-04-2015 denied the request for acupuncture 8 sessions for cervical spine and right shoulder and MRI right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **8 Sessions of acupuncture for the cervical spine and right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with neck and right shoulder pain. The request is for 8 Sessions of acupuncture for the cervical spine and right shoulder. The request for authorization is not provided. Physical examination reveals increased tone throughout the cervical paraspinal musculature. Tenderness overlying the levator scapular insertion on the left shoulder blade, otherwise no gross scapular dyskinesia. Positive impingement and impingement reinforcement present at the right shoulder with neurovascular status grossly intact to right upper extremity and hand. Per progress report dated 08/27/15, the patient is on modified duty. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Per UR letter dated 08/04/15, reviewer states, "The claimant underwent 8 sessions of therapy from 04/15/15 through 05/15/15 with no evidence of functional improvement as a result of this treatment. In this case, the patient continues with right shoulder pain. MTUS allows Acupuncture treatments to be extended with functional improvement. However, treater does not provide discussion or documentation regarding functional improvement in the patient as required by MTUS. Therefore, the request is not medically necessary.

## **MRI of the right shoulder: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with neck and right shoulder pain. The request is for MRI of the right shoulder. The request for authorization is not provided. Physical examination reveals increased tone throughout the cervical paraspinal musculature. Tenderness overlying the levator scapular insertion on the left shoulder blade, otherwise no gross scapular dyskinesia. Positive impingement and impingement reinforcement present at the right shoulder with neurovascular status grossly intact to right upper extremity and hand. Per progress report dated 08/27/15, the patient is on modified duty. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging: Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs, Subacute shoulder pain, suspect instability/labral tear, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Per progress report dated 08/27/15, treater's reason for the request is "Her last study was back in 2012 for her right shoulder with the patient being a candidate for repeat MRI of her cervical spine and her right shoulder." ODG guidelines do not routinely recommend repeat MRIs. Treater does not discuss or document significant change in symptoms or findings suggestive of significant pathology. The patient does not appear to meet guideline indications to warrant a repeat MRI. Therefore, the request is not medically necessary.