

Case Number:	CM13-0053067		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2013
Decision Date:	09/17/2015	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/18/2013

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 46 year old female, who sustained an industrial injury on May 10, 2013. The injured worker reported feeling a snap in the right shoulder. The injured worker was diagnosed as having cervicalgia and right shoulder impingement. Treatment to date has included disorders of bursae and tendons in the shoulder region and cervicalgia. A progress note dated October 16, 2014 provides the injured worker complains of shoulder pain radiating to both arms with numbness, tingling and weakness. She rates the pain an average of 7 out of 10 with medication. Physical exam notes cervical and right shoulder decreased range of motion (ROM) with shoulder tenderness to palpation and positive Hawkin's test. The plan includes electromyogram, nerve conduction study, and acupuncture and chiropractic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Acupuncture sessions for the right shoulder and neck: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, and Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. Time to produce functional improvement is 3 to 6 treatments. The injured worker remains with subjective and objective functional deficits and the request for a trial of acupuncture treatments is supported per the MTUS guidelines. The request for Six (6) Acupuncture sessions for the right shoulder and neck is medically necessary and appropriate.

Chiropractic Manipulation Therapy for the right shoulder and neck 2 times per week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The MTUS chronic pain medical treatment guidelines note that Manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. The guidelines recommend a trial of six sessions. While a trial of chiropractic treatment may be supported, the request for 10 sessions exceeds the amount recommended to determine efficacy. The request for Chiropractic Manipulation Therapy for the right shoulder and neck 2 times per week for 5 weeks is therefore not medically necessary or appropriate.

EMG/NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: According to ACOEM guidelines, for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. It also states that physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In this case, there is no evidence of clinical findings on examination which would cause concern for radiculopathy stemming from the cervical spine or a peripheral neuropathy in the upper extremities to support the requested diagnostic studies. The request for EMG/NCV of the bilateral upper extremities is not medically necessary and appropriate.