

Case Number:	CM13-0027506		
Date Assigned:	03/03/2014	Date of Injury:	07/17/2011
Decision Date:	06/02/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for right shoulder, right elbow, right wrist, and right knee pain with an industrial injury date of July 17, 2011. Treatment to date has included medications, physical therapy, interscalene block, acupuncture to the right shoulder, right shoulder surgery, and left knee surgery. A utilization review from September 4, 2013 denied the request for chiro 2x6, acupuncture 1x6, ESWT right knee, and urinalysis toxicology. The requests for chiropractic care and acupuncture were denied because a comprehensive history and exam, and a discussion of past treatments over the last three years were not provided. The request for ESWT to the right knee was denied because the guidelines do not support this treatment. The request for urinalysis toxicology was denied because it was unclear what medications the patient was taking. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant right shoulder pain rated 5/10 accompanied by weakness, and aggravated by prolonged overhead reaching. The patient also had on-and-off right elbow pain rated 4/10, radiating to the right upper extremity, and is noted to be better with rest/ extension of the elbow. He also had frequent dull right wrist pain rated 4/10, accompanied by stiffness, heaviness, and tingling in the hands. He also had constant sharp right knee pain rated 9/10, worse with standing longer than five minutes, accompanied by swelling. On physical examination, there was no bruising, swelling, atrophy, or lesions noted on the right shoulder, right elbow, right wrist, and right knee. However, there was +3 tenderness to palpation on the above-mentioned joints. Supraspinatus press and McMurray's tests were positive. Cozen's and carpal compression tests caused pain. The latest progress report dated January 20, 2014 indicated that no medications/ creams were dispensed at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE 2 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANNIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 40.

Decision rationale: According to the MTUS Chronic Pain Guidelines, chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions and manipulation is specifically recommended as an option for acute conditions. The patient has been suffering from chronic shoulder, elbow, wrist, and knee pain dating back to 2011. There was no specified body part indicated for this request. Therefore, the request for chiropractic care is not medically necessary and appropriate.

ACUPUNCTURE TREATMENT 1 TIME PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Guidelines, acupuncture treatment may be extended if functional improvement is documented. In this case, the medical records did not indicate the number of previous acupuncture sessions the patient underwent and whether functional improvement was achieved. In addition, there was no specific body part indicated for this request. Therefore, the request for acupuncture treatment is not medically necessary and appropriate.

EXTRACORPOREAL SHOCK WAVE THERAPY (ESWT) RIGHT KNEE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE AND LEG CHAPTER.

Decision rationale: The Official Disability Guidelines (ODG) state that ESWT is ineffective for treating patellar tendinopathy compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. In this case, there was no discussion addressing the need or indication for this therapy in the patient to justify nonadherence to the ODG recommendations. Therefore, the request for ESWT is not medically necessary and appropriate.

URINALYSIS TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to page 78 of the MTUS Chronic Pain Guidelines, a urinalysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, it is not clear whether the patient is currently taking opioids. Furthermore, the most recent progress note reported that no medications/creams were prescribed. Moreover, the medical reports did not indicate presence of abberant behavior with regard to medication use and there was no mention whether a therapeutic trial of opioids is to be done. Therefore, the request for a urinalysis toxicology is not medically necessary.