

<b>Case Number:</b>	CM13-0051745		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Orthopedic Surgery 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:

This is a 54-year-old male who was injured in a work related accident on 04/23/13. The claimant was sustained multiple orthopedic injuries in a motor vehicle accident. Recent documentation indicates the claimant undergoing shockwave therapy treatments to the shoulders. A recent progress report of 10/14/13 gave chief complaints of numbness radiating to the upper extremities. It states the claimant is status post a left knee arthroscopy at that time. Physical examination findings were silent from an orthopedic point of view. The claimant was treated for hypertension at that time by his medical physician. Previous orthopedic assessment includes a 08/05/13 follow-up for complaints of right shoulder pain with radiating pain down the upper extremity. Orthopedic exam findings at that date also were not noted. A chiropractic follow-up of 06/17/13 that is noted indicates neck pain, low back pain, shoulder pain and knee pain. It gave the claimant the current diagnosis of musculoligamentous cervical, thoracic and lumbar strains with AC joint inflammatory change to the shoulder and the left knee diagnosis of "postsurgical with residuals." It notes that the claimant was treated with chiropractic sessions, medication management, physical therapy and activity restrictions. The most recent orthopedic follow-up was from 06/06/13 where the claimant was diagnosed with a left knee meniscal tear, at which time surgical arthroscopy was recommended. It is unclear as to the date of the claimant's current surgical process. With lack of documentation of further findings there is a request for an MR arthrogram to the knee, a work conditioning program to the left knee and left shoulder, a hinged knee brace, a home exercise kit, a TENS unit and course of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the left shoulder once a week for six weeks: Upheld**

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

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

**Decision rationale:** Specific request for acupuncture in this case would not be indicated. The claimant's clinical picture fails to demonstrate recent physical examination findings particularly to the claimant's left shoulder that would necessitate the acute need of further treatment. While acupuncture can be used for chronic pain in the clinical setting, this specific request would not be supported or indicated based on lack of imaging and clinical exam findings for review. The acute need of this treatment modality would not be indicated.

**MR anthrogram of left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** CA MTUS states, "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." Imaging would not be indicated. While it states that the claimant underwent surgical process in the form of meniscectomy, there is currently no indication of recent physical exam findings or documentation of postoperative treatment that would acutely necessitate the role of arthrogram. Specific clinical request in the absence of the above findings would not be indicated.

**Work conditioning of the left knee and left shoulder three times a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 131-132.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 125-126.

**Decision rationale:** CA MTUS Guidelines would not support the acute need of work conditioning in this case. Claimant's clinical presentation fails to demonstrate the claimant to be at or close to maximal medical improvement given the history of prior surgery to the knee. The absence of recent documentation of physical examination findings

or clinical treatment would currently fail to necessitate 12 sessions of work conditioning to the left knee and shoulder. Work conditioning is typically limited to 10 visits over an eight week period of time per guideline criteria.

**Left functional hinged knee support: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**Decision rationale:** California MTUS Guidelines would not support the acute need of hinged knee bracing. While it is noted that the claimant underwent knee arthroscopy, there is no current documentation of instability or current working diagnosis that would acutely necessitate bracing from a knee point of view. Claimant's clinical presentation would not support the acute need of knee bracing.

**Home exercise kit for the left knee: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** While home exercise kits can be recommended for a self directed form of exercise, records in this case fail to demonstrate specific physical examination findings or clinical treatments since the time of the claimant's knee procedure to support the role of this home based modality. Specific request would not be indicated as medically necessary.

**EMS/TENS unit with supplies including delivery and set up: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tens Page(s): 114-115. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, 114-115.

**Decision rationale:** CA MTUS Guidelines would not support the acute need of a TENS device. Claimant's clinical picture is vague with no current physical examination findings or working diagnosis that would support the acute need of a TENS device purchase. Typically electrical nerve stimulation is reserved for chronic settings that have

failed first line forms of conservative modalities for which a one month home based trial was noted to be beneficial. The absence of the above would currently fail to necessitate the acute purchase of the above device in question.