

<b>Case Number:</b>	CM14-0007898		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	12/10/2004
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Texas. 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 injured worker is a 61 year old male who sustained an injury on 12/10/13. Per the clinical reports, it appears that the injured worker had an older injury in November of 1999 while pulling a handle. The injured worker developed pain in the right elbow. The injured worker has had a prior surgical history for the right elbow followed by postoperative physical therapy. The most recent evaluation was from 12/02/13 for which the injured worker was seen for right shoulder and elbow complaints. The injured worker also described numbness and tingling in the elbows. On physical examination, there was a positive Neer's impingement sign as well as positive Hawkin's signs. There was clicking at the acromioclavicular joint with range of motion. No medications were prescribed at this visit from [REDACTED]. The injured worker was continued on work restrictions and to follow up in less than 3 months. The requested MRI of the right knee, further physical and chiropractic therapy for 12 sessions for the right knee, acupuncture for 12 sessions for the right knee, and Zolpidem 10mg, quantity 15 were all denied by utilization review on an unspecified date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022.

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

**Decision rationale:** In regards to the requested MRI of the right knee, the clinical documentation submitted for review would not support the request. The clinical documentation provided for review was before the reported date of injury and addressed an old date of injury from 1999. The last evaluation of the injured worker on 12/02/13 did not discuss any complaints for the right knee. There were no objective findings noted to support functional impairments that would have reasonably required imaging studies. Therefore, this request is not medically necessary.

**PHYSIO/CHIRO 2X6 QTY:12 RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy And Manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-339.

**Decision rationale:** In regards to the requested physical/chiropractic therapy quantity 12 for the right knee, the clinical documentation submitted for review would not support the request. The clinical documentation provided for review was before the reported date of injury and addressed an old date of injury from 1999. The last evaluation of the injured worker on 12/02/13 did not discuss any complaints for the right knee. There were no objective findings noted to support functional impairments that would have reasonably required the requested physical/chiropractic therapy. Therefore, this request is not medically necessary.

**ACUPUNCTURE 2X6 QTY:12 RIGHT KNEE:** Upheld

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

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

**Decision rationale:** In regards to the requested acupuncture quantity 12 sessions for the right knee, the clinical documentation submitted for review would not support the request. The clinical documentation provided for review was before the reported date of injury and addressed an old date of injury from 1999. The last evaluation of the injured worker on 12/02/13 did not discuss any complaints for the right knee. There were no objective findings noted to support functional impairments that would have reasonably required the requested acupuncture treatment. Therefore, this request is not medically necessary.

**ZOLPIDEM 10MG #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Zolpidem (Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Zolpidem

**Decision rationale:** In regards to Zolpidem 10mg, quantity 15, this reviewer would not have recommended certification for this medication. There is no information from the clinical reports available for review that the injured work developed complaints of difficulty sleeping or insomnia that would have required the use of this medication. Per guidelines, Zolpidem can be used on a short term basis to address sleep issues secondary to pain or insomnia; however without any indication for this medication is not medically necessary.