

Case Number:	CM14-0157806		
Date Assigned:	10/08/2014	Date of Injury:	08/14/2012
Decision Date:	12/08/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 67-year-old male with a 8/14/12 date of injury. At the time (8/27/14) of request for authorization for cortisone injections x 2 for the bilateral knees and additional acupuncture 2 x 6 for the neck, lumbar, bilateral shoulders and knees, there is documentation of subjective (cervical spine pain, lumbar spine pain, bilateral knee pain, and bilateral shoulder pain) and objective (cervical spine muscle spasms, traction and compression pain, tenderness, and decreased range of motion; lumbar spine tenderness to palpation and spasms L3-S1, and decreased range of motion; shoulder tenderness, decreased range of motion, bilaterally, positive impingement, painful arc, Hawkins, O'Brien's, and hyperabduction test; knee tenderness to palpation over the medial joint lines medially and patellofemoral compression, effusion bilaterally, positive McMurray and Apley's) findings, current diagnoses (cervicalgia with intermittent right upper extremity radiculopathy, right shoulder pain, status post biceps tendon rupture and partial rotator cuff tear, left shoulder pain, lumbago with intermittent radiculopathy right lower extremity 7, and bilateral knee pain with bilateral meniscus tears) and treatment to date (medications, activity modification and acupuncture x 24 sessions). Regarding the requested cortisone injections x 2 for the bilateral knees, there is no documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 4 more of the following: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); failure of conservative treatment (exercise, NSAIDs or acetaminophen). Regarding

the requested additional acupuncture 2 x 6 for the neck, lumbar, bilateral shoulders and knees, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture sessions completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injections x 2 for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Corticosteroid injections

Decision rationale: MTUS does not address this issue. ODG identifies documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 5 of the following: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); failure of conservative treatment (exercise, NSAIDs or acetaminophen); Only one injection should be scheduled to start, rather than a series of three. A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; and the number of injections should be limited to three, as criteria necessary to support the medical necessity of corticosteroid injections to the knee. Within the medical information available for review, there is documentation of diagnoses of cervicalgia with intermittent right upper extremity radiculopathy, right shoulder pain, status post biceps tendon rupture and partial rotator cuff tear, left shoulder pain, lumbago with intermittent radiculopathy right lower extremity 7, and bilateral knee pain with bilateral meniscus tears). In addition, there is documentation of patient over 50 years of age. However, there is no documentation of symptomatic severe osteoarthritis of the knee, which requires knee pain which interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease, and at least 4 more of the following: (Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Erythrocyte sedimentation rate (ESR) less than 40 mm/hr; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Rheumatoid factor less than 1:40 titer (agglutination method); and/or Synovial fluid signs (clear fluid of normal viscosity and WBC less than 2000/mm³)); failure of conservative treatment (exercise, NSAIDs or acetaminophen). Therefore, based on guidelines and a review of the evidence, the request for cortisone injections x 2 for the bilateral knees is not medically necessary.

Additional acupuncture 2 x 6 for the neck, lumbar, bilateral shoulders and knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicgia with intermittent right upper extremity radiculopathy, right shoulder pain, status post biceps tendon rupture and partial rotator cuff tear, left shoulder pain, lumbago with intermittent radiculopathy right lower extremity 7, and bilateral knee pain with bilateral meniscus tears). In addition, there is documentation of 24 acupuncture sessions completed to date which is the limit of acupuncture guidelines. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture sessions completed to date. Therefore, based on guidelines and a review of the evidence, the request for additional acupuncture 2 x 6 for the neck, lumbar, bilateral shoulders and knees is not medically necessary.