

Case Number:	CM14-0159308		
Date Assigned:	10/24/2014	Date of Injury:	10/12/2001
Decision Date:	12/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Virginia. 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 37-year-old female who reported injury on October 12, 2001. The mechanism of injury was the injured worker fell into a hole. The medications included Protonix 20mg 1 daily, Fexmid 7.5mg twice a day, diclofenac 10%/cyclobenzaprine 10% 1 to 2-grams 3 to 4 times a day, and Medrox patches. The injured worker underwent seven left knee surgeries, one right knee surgery, and bariatric surgery. The injured worker underwent surgical removal of redundant skin in the bilateral thighs. The injured worker underwent an MRI of the lumbar spine and the left knee. The most recent documentation was dated May 05, 2014. The documentation indicated there had been a request made for a left knee arthroscopy and bilateral shoulder arthroscopic capsulorrhaphy. The injured worker indicated she dislocated her left shoulder during the previous week. There was spontaneous reduction. The injured worker's knee complaints were unchanged, as were the shoulder complaints, with the exception of the new dislocation event of the left side. The physical examination of the right shoulder revealed active forward elevation to 180 degrees, external rotation to 90 degrees, and internal rotation to T-12. The injured worker had a negative Neer, positive Hawkins, and positive Jobe's test. The injured worker had a positive apprehension and relocation test. The injured worker had a 1+ anterior load and shift. The examination of the left shoulder revealed a positive Hawkins and positive Jobe's test. The injured worker had a positive apprehension and relocation test. The injured worker had 1+ anterior load and shift. The injured worker had active forward flexion to 180 degrees, external rotation to 90 degrees, and internal rotation to T-12. The examination of the left knee revealed range of motion from 0 to 130 degrees. The injured worker was stable to varus and valgus stressing. The injured worker had a positive Hoffman's sign. The injured worker had a positive patellar shrug with patellar grind. The injured worker had most significant tenderness to palpation over the anterior and medial joint line, as well as some tenderness to palpation over the

anterolateral joint line. The diagnosis was bilateral shoulder anterior instability with left knee patellofemoral chondromalacia, with anterior interval scarring, as well as right knee pain. The treatment plan included a left knee arthroscopy with anterior interval release and bilateral shoulder arthroscopies with capsulorrhaphy. There was no DWC Form RFA or documented rationale for the requested procedures. There was no physician documentation requesting the procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (12-sessions for the bilateral knees and shoulders): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. 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. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review failed to provide objective findings to support the necessity for acupuncture. Additionally, 12 sessions would be excessive. Given the above, the request is not medically necessary.

MRA Arthrogram (right 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MR arthrography

Decision rationale: The Official Disability Guidelines indicate that MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear; for meniscal repair or for meniscal resection for more than 25%. The clinical documentation submitted for review failed to provide documentation of a rationale for the request and objective findings. Given the above, the request for MRA arthrogram, right knee, is not medically necessary.

MRA Arthrogram (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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MR Arthrogram

Decision rationale: The Official Disability Guidelines indicates that MR arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear; for meniscal repair or for meniscal resection for more than 25%. The clinical documentation submitted for review failed to provide documentation of a rationale for the request and objective findings. Given the above, the request is not medically necessary.

MRA Arthrogram (left shoulder): 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), Shoulder

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

Decision rationale: The Official Disability Guidelines indicates that MR arthrography is recommended as an option to detected labral tears and for suspected re-tear post-op rotator cuff repair. The clinical documentation submitted for review failed to provide documentation including a rationale for the request. There was a lack of documentation of recent objective findings to support the necessity. Given the above, the request is not medically necessary.

MRA Arthrogram (right shoulder): 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), Shoulder

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

Decision rationale: The Official Disability Guidelines indicates that MR arthrography is recommended as an option to detected labral tears and for suspected re-tear post-op rotator cuff repair. The clinical documentation submitted for review failed to provide documentation including a rationale for the request. There was a lack of documentation of recent objective findings to support the necessity. Given the above, the request is not medically necessary.

X-Ray (right knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341.

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

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of prior treatments and failed to provide a documented rationale for the request. Given the above, the request is not medically necessary.

X-Ray (left knee): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 341.

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

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review failed to provide documentation of prior treatments and failed to provide a documented rationale for the request. Given the above, the request is not medically necessary.

Physical Therapy (12-sessions for the bilateral knees and shoulders): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for 8 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to provide documentation of prior therapies. Additionally, they failed to provide documentation of objective functional deficits to support the necessity for supervised therapy. There was no physician documentation requesting the physical therapy. Additionally, 12 sessions of physical therapy would be excessive. Given the above, the request is not medically necessary.

Second Opinion Orthopedic Consultation (bilateral shoulders): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, page. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 209-211.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicates that a surgical consultation may be appropriate for an injured worker who has a red flag condition, activity limitation for more than 4 months plus existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs plus existence of a surgical lesion, and clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The clinical documentation submitted for review failed to provide documentation for a necessity for a second opinion orthopedic consultation. There was no physician documentation requesting the intervention. Given the above, the request is not medically necessary.

Second Opinion Orthopedic Consultation (bilateral knees): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, page. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-345.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicates a surgical consultation may be appropriate for injured workers who have activity limitation for more than 1 month and a failure of exercise programs to increase range of motion and strength of the musculature around the knee. The clinical documentation submitted for review failed to provide a documented rationale for a necessity for a second opinion orthopedic consultation. Given the above, the request is not medically necessary.