

Case Number:	CM14-0202413		
Date Assigned:	12/15/2014	Date of Injury:	11/30/2011
Decision Date:	12/19/2014	UR Denial Date:	10/29/2014
Priority:	Expedited	Application Received:	12/03/2014

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 Surgeon, 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 59-year-old female who reported an injury on 11/30/2011. The mechanism of injury involved a fall. The current diagnoses include left hip sprain/strain, left knee meniscus tear, bilateral shoulder sprain/strain, contusion of multiple body parts, hyperextension/flexion injury of the cervical spine, cervical disc bulge with radiculitis and lumbar disc bulge with radiculitis. The injured worker presented on 10/09/2014 with complaints of persistent pain over multiple areas of the body. Previous conservative treatment is noted to include medication management and physical therapy. Physical examination revealed palpable tenderness of the cervical paraspinal, lumbar paraspinal muscles, left buttocks, rhomboid levator, bilateral shoulders, and lateral hip and piriformis. There was a positive cervical distraction test, positive shoulder depression test, positive straight leg raise bilaterally, positive Apley's test, positive drop arm test, positive Speed's test, positive supraspinatus test, and positive McMurray's sign. There was limited range of motion of the cervical spine, lumbar spine, right shoulder, and right knee. Treatment recommendations at that time included acupuncture for the right knee, right shoulder and lumbar spine. A Request for Authorization form was then submitted on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 4 sessions for the Right Knee: 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 acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. It is unclear whether the patient has previously participated in acupuncture treatment. Additional documentation, providing evidence of functional improvement, would be required. Therefore, the current request for Acupuncture, 4 session for the right knee is not medically necessary.

Acupuncture, 4 sessions for the Lumbar Spine.: 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 acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. It is unclear whether the patient has previously participated in acupuncture treatment. Additional documentation, providing evidence of functional improvement, would be required. Therefore, the current request for Acupuncture, 4 sessions for the lumbar spine is not medically necessary.

Acupuncture, 4 sessions for the Right Shoulder: 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 acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. It is unclear whether the patient has previously participated in acupuncture treatment. Additional documentation, providing evidence of functional improvement, would be required. Therefore, the current request for acupuncture, 4 sessions for the right shoulder is not medically necessary.

Arthroscopy for the Left Knee.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Meniscectomy, Knee Chapter

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs. There were no imaging studies provided for this review. There is no mention of an exhaustion of conservative management for the bilateral knees. The medical necessity for the requested surgical procedure has not been established. As such, the request for arthroscopy for the left knee is not medically necessary.

Arthroscopy for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Meniscectomy, Knee Chapter

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs. There were no imaging studies provided for this review. There is no mention of an exhaustion of conservative management for the bilateral knees. The medical necessity for the requested surgical procedure has not been established. As such, the request for arthroscopy for the right knee is not medically necessary.