

Case Number:	CM14-0020372		
Date Assigned:	04/25/2014	Date of Injury:	10/15/2011
Decision Date:	07/07/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational 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:

The patient is an employee of [REDACTED] who has submitted a claim for bilateral knee pain associated from an industrial injury date of October 15, 2011. Treatment to date has included undated and unspecified arthroscopies, viscosupplementation injection, H-wave unit, physical therapy and medication, which include Norco. Medical records from 2013-2014 were reviewed, the latest of which dated February 27, 2014 revealed that the patient presents with continued severe left knee pain. He has continued left shoulder pain and neck pain as well. On physical examination, the patient has difficulty standing from a sitting position with a complaint of pain. He walks with guarded gait and has a limp. He has tenderness of the paravertebral muscles of the cervical spine, left trapezius, and left shoulder subacromial space. He has tenderness over the AC joint of the left shoulder. He has limited motion of the left shoulder with an impingement sign in forward flexion. He has a questionable drop-arm test as well as weakness to the left shoulder at 4/5. On examination of the left knee, there is tenderness to the joint line and patellofemoral region. He has limited flexion with pain to approximately 100 degrees as well as a positive patellar compression test. MRI of the left knee done last April 2, 2012 revealed anterior cruciate ligament and meniscal signal changes. There is tricompartmental chondrosis and small osteophyte formation. Utilization review from February 10, 2014 denied the request for MRI LEFT SHOULDER WITHOUT CONTRAST because the treating provider does not document red flag findings or new concerns in regards to the patient's shoulder, and denied the request for H-WAVE, 30 DAY TRIAL because there is no documentation that the patient has failed a trial of a TENS unit for his chronic condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

Decision rationale: As stated on pages 208-209 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, Official Disability Guidelines criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. In this case, MRI without contrast was requested because the previous MRI was done a year ago. However, the documents submitted do not provide the result and diagnosis of the previous MRI of the left shoulder. Also, the recent clinical evaluation revealed that the patient still presents with left shoulder pain, however, without new complaints. There is also no objective finding that would warrant a repeat imaging, therefore the request for MRI LEFT SHOULDER WITHOUT CONTRAST is not medically necessary.

H-WAVE, 30 DAY TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION Page(s): 117-118.

Decision rationale: As stated on page 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based trial of H-wave stimulation may be indicated with chronic soft tissue inflammation and when H-wave therapy will be used as an adjunct to a method of functional restoration, and only following failure of initial conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). In this case, the patient has a history of use of conservative care like physical therapy and medication. There is no evidence of analgesia or functional improvement with these treatments. In addition, there is no documentation of trial and failure of TENS. Therefore, the request for H-WAVE, 30 DAY TRIAL is not medically necessary.