

Case Number:	CM14-0041763		
Date Assigned:	06/30/2014	Date of Injury:	12/20/2012
Decision Date:	08/15/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/07/2014

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 Emergency 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:

Patient with reported date of injury on December 20, 2012. Mechanism of injury is described as a slip and fall. Patient is reportedly post L knee arthroscopic partial meniscectomy on June 6, 2013. The patient has complex multi-orthopedic and spinal pathologies but there was no complete list of diagnoses provided. See MRI reports below for some of the diagnosis that can be extrapolated from the some of provided records. It is not know which diagnoses are active or which has been treated. Multiple medical reports reviewed. Last report reviewed until March 25, 2014. There is an internal medicine consultations report dated March 20, 2014. It is not known if this consultation was done prior to appropriate UR. This report was not reviewed since prospective data does not retrospectively change the initial criteria needed to approve consultation request as per MTUS guidelines. Pt is already being followed and cared for by a Family Physician at [REDACTED]. There are notes dated until March 25, 2014. The requesting person for these services is the patient's chiropractor(unknown if this the designated primary treating provider). Last note from the requester is date March 13, 2014 which is a templated, hand written checklist with very limited information. As per this note, pt has neck pain that is stiff, mid back pain, low back pain, headaches, wrist pains, R shoulder pains, R knee pains. Pt feels depressed and hard to sleep. Pain is 8/10. Objective exam reveals pain(unknown where) on palpation. Limited range of motion of neck and back. There is little to no additional information provided by the requesting provider. MRI of lumbar spine(March 5, 2014) reveals disc dessicataion at L-S1, L5-S1 broad based disc tenses causing stenosis of spinal canal and bilateral neural foramen. MRI of R knee(3/5/14) reveals lateral meniscus tear, sprain of lateral collateral ligament, lateral subluxation of patella and quadriceps tendinosis. MRI of L knee(February 27, 2013) reveals mild lateral subluxation of patella, mild osteoarthritis, mild degenerative changes and potential peripheral tear to middle horn. MRI of R shoulder(March 12,

2014) reveals arthritis, supraspinatus and infraspinatus tendinitis. Patient has completed seven sessions of post-operative physical therapy as noted on report from physical therapy on January 24, 2014. MRI of R wrist(March 11, 2014) reveals subchondral cyst within scaphoid and capitate. Medication list lists levothyroxine, celexa, probiotic, fish oil and tylenol. Pt was on opioids in the past but is was not listed on notes from March 25, 2014. Independent Medical Review is for Acupuncture 3/week for 8weeks, Shockwave therapy of shoulder x4, Pain Management Consultation, Internal Medicine Consultation, Psychological Consultation, Electromyography bilateral upper extremity, Electromyography bilateral lower extremity, Nerve Conduction Velocity bilateral upper extremity and Nerve Conduction Velocity bilateral lower extremity. Last UR on March 28, 2014 recommended non-certification of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three times weekly for eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend a trial of six sessions with reassessment for improvement before longer treatment is recommended. There is no documentation of a successful trial. The requested number of acupuncture sessions is excessive. Therefore, the request for acupuncture three times weekly for eight weeks is not medically necessary or appropriate.ions is excessive and not medically necessary.

Shockwave Therapy to shoulder, four sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Integrated treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) <Shoulder>, <Extracorporeal Shockwave Therapy(ESWT)>.

Decision rationale: This topic is not covered in the MTUS Chronic Pain or ACOEM Guidelines. According to the Official Disability Guide, Extracorporeal Shockwave therapy(ESWT) it may recommended in shoulder calcific tendinosis. Patient does on have calcific tendinosis on MRI. Patient also has no failed documented conservative treatments of the shoulder. The request for Shockwave Therapy to shoulder, four sessions, is not medically necessary or appropriate.

Pain management consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X
Page(s): <1>.

Decision rationale: The provider has no provided any explanation or rationale as to why Pain Management consultation was requested. Pt has multiple pain related problems but last review shows a decrease of prior opioid use to tylenol only for pain control. Pain reported to be 8/10 at a single note only. There is not enough provided information to recommend consultation. The request for a pain management consultation is not medically necessary or appropriate.

Internal Medicine Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X
Page(s): page(s) <1>.

Decision rationale: The requesting provider is a Chiropractor that may not be comfortable in treating medical condition that patient has. However, the provider provided no information as to why an Internal Medicine consultation was requested. Pt already has a Family Physician. There is not enough provided information to recommend consultation. The request for an internal medicine consultation is not medically necessary or appropriate.

Psychological Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
<Psychological Evaluations> Page(s): <100-101>.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Psychological Evaluations may be recommended is chronic pain patients. However, the requesting provider has provided no information to support any basic indication for psychological evaluation. The request for a psychological evaluation is not medical necessity or appropriate.

Electromyography bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): <182>.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, EMG is not recommended for prior testing, history and exam that is consistent with nerve root dysfunction. Pt has not had any documented changes in neurological exam or complaints. The request for an EMG of the bilateral upper extremities not medically necessary or appropriate.

Electromyography bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): <309>.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction to support EMG use. The request for an EMG of the bilateral lower extremities not medically necessary or appropriate.

Nerve Conduction Velocity bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): <272>.

Decision rationale: According to the Forearm, Wrist, and Hand Complaints Chapter of the ACOEM Practice Guidelines, NCV is not recommended for repeat routine evaluation of patients for nerve entrapment. Pt has not had any documented changes in neurological exam or complaints. There is no proper exam of the hand or wrist provided. The request for an NCV of the bilateral upper extremities not medically necessary or appropriate.

Nerve Conduction Velocity bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): <377>.

Decision rationale: According to the Ankle and Foot Complaints Chapter of the ACOEM Practice Guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee

and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. The request for an NCV of the bilateral lower extremities not medically necessary or appropriate.