

Case Number:	CM14-0085766		
Date Assigned:	07/23/2014	Date of Injury:	05/24/2013
Decision Date:	09/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Practice 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:

56 yr. old female claimant sustained a work injury on 5/24/13 involving the neck/head and right knee. She was diagnosed with cephalgia and a right knee contusion. She had torn the right meniscus and underwent arthroscopic meniscectomy in August 2013. She had undergone therapy and chiropractor treatment for the right knee as well as massage therapy and myofascial release. In addition, she had received knee Synvisc injections. A progress note on 4/9/14 indicated the claimant had constant right knee pain, which increased with standing. The right knee and left hip were tender to palpation and painful range of motion. The gait was antalgic. She had also had some cervical spine apportionment issues with symptoms of headaches. There was a non-specific compression finding on the cervical spine at the time. A prior hip x-ray in 3/2014 showed degenerative joint disease. The treating physician requested acupuncture 2 times a week for 3 weeks for headaches, and MRI of the cervical spine, neurological consult and a left hip injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 3 weeks for headaches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Guidelines, Acupuncture is 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. The frequency is 1 to 3 times a week for 1 to 2 months. In this case, the examination does not specify the physiology of the headaches. There is no mention of prior failed treatment of headaches with medications. The quality of the headaches are not described except that they are no occipital. The request for acupuncture is therefore not medically necessary.

MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and upper Back Procedures (updated 04/14/2014) Indications for MRI (magnetic resonance imaging).

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the cervical spine is not medically necessary.

Left hip injection for pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines :Hip & Pelvis Procedures (updated 03/25/2014) Injections for pain, therapeutic injection procedures, diagnostic injections.

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

Decision rationale: The ACOEM and MTUS guidelines do not comment on hip complaints. According to the ODG guidelines above, hip injections are recommended as an option for short-term pain relief in hip trochanteric bursitis. It is not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA. In this case, the claimant had degenerative changes consistent with arthritis. As noted above, a hip injection is not medically necessary.