

Case Number:	CM14-0188429		
Date Assigned:	11/19/2014	Date of Injury:	02/16/2012
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture, 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 a 41-year-old male with a date of injury of 2/16/2012. According to the progress report dated 10/29/2014, the patient complained of right shoulder, lower back, and right knee pain and weakness. Significant objective findings include decrease range of motion in the lumbar spine, cervical spine, and the right shoulder. The patient was diagnosed with neck pain, herniation of the cervical disc, headaches, herniation of the lumbar disc, radiculitis lumbar, tear of medial cartilage meniscus of the knee, right shoulder sprain/strain, impingement syndrome of shoulder, and rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

Decision rationale: The ACOEM guideline recommends shoulder MRI for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. It does not recommend routine MRI or arthrography for evaluation without surgical indication. It was noted that the

provider was considering surgical intervention. Based on the medical records, the provider's request for repeat MRI of the right shoulder is medically necessary at this time.

Repeat MRI of the Right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: The ACOEM guideline recommends knee MRI to confirm tears. It is indicated only if surgery is contemplated. According to the progress report the provider is considering knee surgery as an option. Therefore, a repeat MRI of the right knee is medically necessary.

Acupuncture 1 x 4: Overturned

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 Guideline recommends acupuncture for chronic pain. The patient complained of pain in the shoulder, knee, and low back. Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. The provider's request is within the guidelines. Therefore, the provider's request for 4 acupuncture session is medically necessary at this time.