

Case Number:	CM14-0188836		
Date Assigned:	11/21/2014	Date of Injury:	06/07/2013
Decision Date:	05/01/2015	UR Denial Date:	10/23/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 57 year old female, who sustained an industrial injury on 6/7/2013 when her left knee hit the steering wheel as she was turning onto a street with broken up pavement. The diagnoses have included Left knee sprain, left knee patellar tendinitis, lumbar sprain and strain, right wrist sprain and strain. Treatment to date has included physical therapy, medications, manipulative therapy, injections Extracorporeal shockwave therapy (ESWT) and work restrictions. Currently, the injured worker complains of pain in lumbar spine, left knee and right wrist. Objective findings included tenderness and muscle spasm to palpation in the lumbar paravertebral muscles, right wrist without bruising, swelling, atrophy or lesion. McMurray's test was positive. On 10/23/2014, Utilization Review non-certified a request for additional acupuncture for the right wrist and lumbar spine, extracorporeal shock wave therapy (ESWT)-right wrist, twice weekly for six weeks, right wrist brace, MRI study of right wrist performed on 9/30/14, chiropractic treatment- lumbar spine, twice weekly for six weeks, lumbar brace, left knee brace, MRI study of lumbar spine performed on 9/30/14 and MRI study of left knee performed on 9/30/14. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture (additional)-right wrist and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: MTUS states that Acupuncture has not been found to be effective in the management of back pain and is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines recommend Initial trial of 3-4 visits over 2 weeks. With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks. ODG does not recommend acupuncture for the forearm, wrist or hand. Records reveal that the injured had been approved for 6 Acupuncture visits for the right wrist and lumbar spine. No physician reports describe functional improvement. No other evidence is provided of functional improvement to establish the medical necessity of further acupuncture. The request for acupuncture (additional)-right wrist and lumbar spine is not medically based on the lack of physician reports describing specific functional improvement.

extracorporeal shock wave therapy (ESWT)-right wrist, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT), Hand Chapter.

Decision rationale: ODG recommends Extracorporeal Shockwave Treatment (ESWT) for the treatment of Rotator cuff tendonitis associated with calcific deposits in the tendon (calcific tendonitis), in patients whose pain has remained despite six months of standard treatment and at least three conservative treatments, including rest, Ice, NSAIDs, Orthotics, Physical Therapy and Cortisone injections. ESWT is not recommended for wrist pain or for chronic pain. The request for extracorporeal shock wave therapy (ESWT)-right wrist, twice weekly for six weeks is not medically necessary.

right wrist brace: 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): 263. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter, Splints.

Decision rationale: ODG recommends splints for treating displaced fractures. ODG goes on to state that splints have about the same effect on pain as ibuprofen, in patients with osteoarthritis. Documentation shows that the injured worker's symptoms are chronic and there is no objective evidence of wrist joint instability noted. The request for right wrist brace is not medically necessary per guidelines.

MRI study of right wrist performed on 9/30/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand Chapter.

Decision rationale: MTUS and ODG recommend Magnetic resonance imaging (MRI) in the evaluation of chronic wrist pain only when plain films are normal and other conditions such as soft tissue tumors are suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Documentation fails to show evidence indicating a significant change in the injured worker's symptoms or clinical findings to establish the medical necessity for MRI. The request for MRI study of right wrist performed on 9/30/14 is not medically necessary per guidelines.

chiropractic - lumbar spine, twice weekly for six weeks.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pg 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS recommends a trial of 6 Chiropractic visits over 2 weeks for initial therapeutic care of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. Per MTUS, elective/maintenance care is not medically necessary. Documentation shows that the injured worker's symptoms are chronic with no objective evidence of significant change in symptoms or clinical findings. There is lack of detailed information regarding the extent of previous manipulative therapy or effect. No other evidence is provided of functional improvement. The request for chiropractic - lumbar spine, twice weekly for six weeks is not medically necessary based on lack of functional improvement and the MTUS.

lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Initial Care, pg 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

Decision rationale: MTUS states that the use of Lumbar supports to treat low back pain has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per guidelines, lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long term use of lumbar supports is not recommended. Chart documentation does not indicate any acute objective findings to justify the continued use of lumbar support to treat the injured worker's chronic complaints of back pain. The request for a lumbar brace is not medically necessary.

left knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Initial Care, pg 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Knee brace.

Decision rationale: Per guidelines, knee braces may be used in treating patients with conditions including Knee instability, ligament insufficiency/deficiency, reconstructed ligament, painful failed total knee arthroplasty and painful unicompartmental osteoarthritis. MTUS goes on to state that braces need to be used in conjunction with a rehabilitation program and that the benefits be more emotional (i.e., increasing the patient's confidence) than medical. The injured worker complains of chronic left knee pain. Physical examination findings do not show severe instability of the injured worker's knee to warrant the use of a knee brace. The request for a left knee brace is not medically necessary.

MRI study of lumbar spine performed on 9/30/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 303.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic

examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on neurologic examination or acute exacerbation of the injured worker's symptoms. There is lack of Physician report indicating that surgery is being considered. The request for MRI study of lumbar spine performed on 9/30/14 is not medically necessary per MTUS.

MRI study of left knee performed on 9/30/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations, pg 341. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter.

Decision rationale: Per guidelines, Magnetic resonance imaging (MRI) may be considered if posterior knee dislocation or ligament or cartilage disruption is suspected in the evaluation of soft tissue injuries. MRI should be reserved for situations in which further information is required for a diagnosis, and there is consideration for arthroscopy. The injured worker complains of chronic left knee pain. Documentation fails to reveal any red flags on physical examination or acute changes in symptoms that would warrant additional imaging. The request for MRI study of left knee performed on 9/30/14 is not medically necessary per MTUS.