

<b>Case Number:</b>	CM14-0206885		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	03/25/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 57 year old female with an injury date on 03/25/2014. Based on the 11/12/2014 progress report provided by the treating physician, the diagnoses are: 1. Other tear of cartilage / meniscus knee current. 2. Neck sprain and strain. 3. Lumbar sprain and strain. 4. Status post Lt knee partial medial & lateral meniscectomy. According to this report, the patient complains of "neck pain is constant. Right shoulder pain remains activity dependent increase with reaching and over shoulder activities. LBP & left buttock is constant with intermittent radiation into the left leg. Left knee pain and 'popping' recurs intermittently." Physical exam reveals "Painful crepitus with P-ROM right shoulder; Reduced C/S ROM; Reduced Rt shoulder ROM." Kemp's test and Gaenslen's tests are positive. Decreased sensation is noted at the left L4-S1 dermatomes. The 10/27/2014 report indicates "constant right-sided neck pain is unchanged. Rt shoulder pain remains activity dependent increasing with reaching and over shoulder activities." Treatment to date includes Orthopedic evaluation with [REDACTED], chiropractic therapy, and acupuncture therapy with benefits. The treatment plan is to request for a patellar tracking brace and an MR arthrogram of the right shoulder per Orthopedist. The patient's work status to "return to modified work on 11/12/2014 with restrictions of no lifting >15lbs; no over shoulder work of the right arm; and no repetitive squatting or kneeling. MRI of the right shoulder on 12/10/2014 shows: 1. Moderate degenerative changes of AC joint. 2. Minimal partial articular surface fraying of the distal supraspinatus tendon. No full-thickness rotator cuff tear seen. 3. Linear tear at the base of the superior labrum There were no other significant findings noted on this report. The utilization review denied the request for (1) patellar brace, (2) additional 8 acupuncture sessions, AND (3)

MR arthrogram on 11/18/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 07/01/2014 to 11/25/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left Knee Patellar Brace (Purchase): Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Knee Brace

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Knee brace.

**Decision rationale:** According to the 11/12/2014 report, this patient presents with constant neck pain and persistent right shoulder pain. The current request is for Left knee patellar brace (purchase). ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, criteria for knee bracing is much broader. In reviewing of the provided reports, the patient had a "partial medial and lateral meniscectomy" of the left knee and the ODG guidelines state that knee bracing is recommended following meniscal cartilage repair. The current request IS medically necessary.

#### **Additional Acupuncture (8) Sessions 2 x 4: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** According to the 11/12/2014 report, this patient presents with constant neck pain and persistent right shoulder pain. The current request is for Additional acupuncture (8) sessions 2x4." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. In reviewing the provided reports, the treating physician document that the patient "completed a course of acupuncture reporting a decrease in severity and frequency of pain with initial clinical trial." In this case, the treating physician has documented that the patient had functional improvement with treatments. The guidelines states "Acupuncture treatments may be extended if functional improvement is documented." Therefore, the request is medically necessary.

#### **MR arthrogram QTY1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), updated 10/31/14, MR arthrogram

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter under MR arthrogram.

**Decision rationale:** According to the 11/12/2014 report, this patient presents with constant neck pain and persistent right shoulder pain. The current request is for MR arthrogram Qty: 1. regarding MR Arthrogram, ODG guidelines state "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." It further states, "MRI is not as good for labral tears, and it may be necessary in individuals with persistent symptoms and findings of a labral tear that a MR arthrogram be performed even with negative MRI of the shoulder, since even with a normal MRI, a labral tear may be present in a small percentage of patients. Direct MR arthrography can improve detection of labral pathology. (Murray, 2009) If there is any question concerning the distinction between a full-thickness and partial-thickness tear, MR arthrography is recommended." In reviewing the 09/29/2014 report, the treating physician indicates "the patient underwent right shoulder arthroscopy in 2011, and continues to have, ongoing right shoulder complaints." The patient "has persistent pain, and multiple orthopedic findings suggestive of possible repair and/or labral tear." In this case, the patient is post-op right shoulder arthroscopy with persistent pain and has positive orthopedic findings. The requested MR arthrogram to assess the shoulders appears appropriate and supported by the ODG guidelines. The request IS medically necessary.