

Case Number:	CM15-0165164		
Date Assigned:	09/02/2015	Date of Injury:	05/12/2003
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 5-12-2003. She reported injury to the low back from lifting activity. Diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, and pain in shoulder joint, status post rodding of the left humerus and removal of hardware, rotator cuff repair, and lumbar surgery resulting in lower extremity weakness and falls. Treatments to date include activity modification, medication therapy, chiropractic therapy, and acupuncture treatments. Currently, she complained of ongoing pain in the neck, left shoulder, bilateral hands, left knee and low back. She reported decreased pain with acupuncture treatments. On 6-29-15, the physical examination documented an antalgic gait and left lower extremity weakness. The medical records indicated use of a TENS unit decreased the need for a muscle relaxer, however, replacement pads were not authorized and she was unable to use the TENS unit. The plan of care included a request to authorize six additional acupuncture treatments and a 30 day H-Wave unit and supplies trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Knee Brace.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for neck, low back, left shoulder, bilateral hand, and left knee pain. When seen, she had completed six sessions of acupuncture with decreased pain. Other treatment note dated 07/15/15 references a slight to moderate improvement in pain levels with improved ability to sleep one hour longer. An additional six acupuncture treatments were requested by her acupuncturist. She was having intermittent low back spasms, which had improved with use of TENS. Authorization for replacement supplies had been denied. She was having intermittent left knee pain. Physical examination findings included an antalgic gait. There was decreased left upper and lower extremity strength. There was a well healed surgical scar over the anterior left shoulder. Recommendations included authorization for a knee brace for a diagnosis of likely bursitis or tendinitis. Intermittent brace use was recommended. An MRI of the left knee in May 2015 had been normal. A knee brace may be appropriate in a patient with knee instability, after surgery, or with a diagnosis of avascular necrosis or painful unicompartamental osteoarthritis. In this case, it is being requested for a diagnosis of bursitis or tendinitis. This is not a qualifying condition and the claimant's recent knee MRI was normal. The requested knee brace is not medically necessary.

30 day H-wave Unit & supplies trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): 117.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for neck, low back, left shoulder, bilateral hand, and left knee pain. When seen, she had completed six sessions of acupuncture with decreased pain. Other treatment note dated 07/15/15 references a slight to moderate improvement in pain levels with improved ability to sleep one hour longer. An additional six acupuncture treatments were requested by her acupuncturist. She was having intermittent low back spasms, which had improved with use of TENS. Authorization for replacement supplies had been denied. She was having intermittent left knee pain. Physical examination findings included an antalgic gait. There was decreased left upper and lower extremity strength. There was a well healed surgical scar over the anterior left shoulder. Recommendations included authorization for a knee brace for a diagnosis of likely bursitis or tendinitis. Intermittent brace use was recommended. An MRI of the left knee in May 2015 had been normal. Guidelines recommend that a one-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option following failure of initially recommended conservative care, including recommended physical therapy, medications, and

transcutaneous electrical nerve stimulation (TENS). In this case, the claimant had reported benefit with use of TENS. Supplies for her TENS unit can be provided. A trial of H-wave use is not medically necessary.

Acupuncture Qty 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for neck, low back, left shoulder, bilateral hand, and left knee pain. When seen, she had completed six sessions of acupuncture with decreased pain. Other treatment note dated 07/15/15 references a slight to moderate improvement in pain levels with improved ability to sleep one hour longer. An additional six acupuncture treatments were requested by her acupuncturist. She was having intermittent low back spasms, which had improved with use of TENS. Authorization for replacement supplies had been denied. She was having intermittent left knee pain. Physical examination findings included an antalgic gait. There was decreased left upper and lower extremity strength. There was a well healed surgical scar over the anterior left shoulder. The role of acupuncture is addressed in the treatment of chronic pain with a time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Guidelines recommend a frequency from 1 to 3 times per week with optimum duration of 1 to 2 months. In this case, functional improvement as required is not documented and the request for additional treatments is not medically necessary.