

Case Number:	CM15-0192918		
Date Assigned:	10/06/2015	Date of Injury:	05/27/2015
Decision Date:	12/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 48 year old female sustained an industrial injury via cumulative trauma from 7-1-93 to 5-27-15. Documentation indicated that the injured worker was receiving treatment for right shoulder impingement, right knee internal derangement and right plantar fasciitis. Previous treatment included physical therapy (24 sessions), acupuncture, right knee injection and medications. Documentation did not disclose the number of previous acupuncture sessions. In an initial evaluation dated 7-16-15, the injured worker complained of neck pain with a popping sensation and difficulty moving the neck due to pain as well as pain to the low back, right hand, right knee and right foot. The injured worker rated her pain 7 to 9 out of 10 on the visual analog scale. Physical exam was remarkable for bilateral shoulder with "restricted" range of motion and positive right shoulder impingement sign, tenderness to palpation over the right lateral elbow with range of motion within functional limits and positive Tinel's sign, right wrist with tenderness to palpation over the right first dorsal compartment with range of motion within functional limits and positive Finkelstein's test, right knee with tenderness to palpation, normal range of motion and positive McMurray's test and right heel with tenderness to palpation. In a PR-2 dated 8-20-15, the injured worker stated that she had completed physical therapy but acupuncture helped her more in terms of function, pain and range of motion. The injured worker reported that right knee injection helped minimally. Physical exam was unchanged. The treatment plan included continuing medications (Naproxen Sodium and Omeprazole), a full course of acupuncture three times a week for four weeks for the right hand, arm, elbow, right shoulder, right knee and right foot, magnetic resonance imaging arthrogram of the right knee and

right shoulder and a tennis elbow support for the right upper extremity. On 9-1-15, Utilization Review noncertified a request for acupuncture three times a week for four weeks to the right hand, arm, elbow, shoulder, knee and foot, magnetic resonance imaging arthrogram right shoulder and right knee and right tennis elbow support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x a week for 4 weeks to the right hand/arm/elbow/shoulder/knee/foot:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). Within the medical information available for review, there is documentation of previous acupuncture treatments. However, there is no documentation the number of previous treatments, which may have exceeded guidelines. In addition, there is no documentation of objective functional improvement with previous treatment. Acupuncture 3x a week for 4 weeks to the right hand/arm/elbow/shoulder/knee/foot is not medically necessary.

MR arthrogram of the right shoulder: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, shoulder arthrography is recommended as listed below. Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by arthrography, whereas MRI best defines larger tears and partial-thickness tears. Conventional arthrography can diagnose most rotator cuff tears accurately; however, in many institutions MR arthrography is usually necessary to diagnose labral tears. There was no clinical indication to suspect a labral tear. MR arthrogram of the right shoulder is not medically necessary.

MR arthrogram of the right knee: Upheld

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

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), MR Arthrography.

Decision rationale: The Official Disability Guidelines recommend MR arthrography as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. For patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who do not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography is useful in the diagnosis of residual or recurrent tear. This patient is not post-operative. MR arthrogram of the right knee is not medically necessary.

Right tennis elbow support: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend splinting for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). The objective findings reported only tenderness over the lateral elbow. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. Right tennis elbow support is not medically necessary.