MAXIMUS Federal Services

Case Number:	CM15-0196978		
Date Assigned:	10/12/2015	Date of Injury:	12/14/1987
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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, Indiana, 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 49 year old male, who sustained an industrial injury on 12-14-87. The injured worker is being treated for status post C4-5 anterior cervical discectomy and fusion, lumbar discopathy, left shoulder labral tear with degenerative joint disease and internal derangement of right knee. Treatment to date has included cervical fusion, oral medications including Protonix, lumbar epidural steroid injections, activity modifications and 12 acupuncture treatments to cervical spine (unclear if improvement in function or pain received). On 7-30-15, the injured worker reports neck pain is improving and he feels great, has intermittent neck pain characterized as dull rate 3 out of 10 and constant pain in lefty shoulder characterized as throbbing and rated 8 out of 10 and frequent and increasing pain in right knee with some swelling and buckling described as throbbing, unchanged and rated 7 out of 10. Work status is noted to be modified duties. Physical exam performed on 7-30-15 revealed well healed anterior scar of cervical spine, tenderness around anterior glenohumeral region, subacromial space with positive impingement sign, painful rotator cuff function and pain with range of motion, palpable paravertebral muscle tenderness with spasm and guarded and restricted range of motion, tingling and numbness in lateral thigh, anterolateral and posterior leg and foot and tenderness in joint line of right knee with positive patellar grind test and painful range of motion. On 9-15-15 request for authorization was submitted for acupuncture of cervical and lumbar spine 2 times a week for 4 weeks and (MRI) magnetic resonance imaging of right knee. On 9-22-15 request for acupuncture 8 visits was modified to 6 visits by utilization review and (MRI) magnetic resonance imaging of right knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Acupuncture to the Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, eight sessions acupuncture to the cervical spine and lumbar spine are not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are status post C4 - C5 anterior cervical discectomy and fusion; lumbar discopathy; left shoulder labral tear with degenerative joint disease; an internal derangement right knee. Date of injury is December 14, 1987. Request for authorization is September 16, 2015. According to a progress note dated July 30, 2015, the injured worker has neck pain which is improving with the pain score 3/10. Additional complaints include right knee pain 7/10. Objectively, the cervical spine examination is unremarkable. The lumbar spine shows tenderness to palpation and spasm. The right knee shows tenderness over the joint lines with positive patellar grind. There is no instability. Utilization review indicates the injured worker was certified for 12 acupuncture sessions January 2015. There are no acupuncture progress notes in the medical record. There is no documentation demonstrating objective functional improvement. The guidelines recommend a total of 8 to 12 visits over 4 to 6 weeks. There are no compelling clinical facts indicating additional acupuncture is currently warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with prior acupuncture, no prior acupuncture treatment notes and no compelling clinical facts indicating additional acupuncture is clinically warranted, eight sessions acupuncture to the cervical spine and lumbar spine are not medically necessary.

MRI of the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Summary, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic), MRIs.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging right knee is not medically necessary. MRI best evaluates soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption). Indications for imaging include, but are not limited to, acute trauma to the knees; non-traumatic knee pain, patellofemoral symptoms; non-traumatic knee pain initial antero-posterior and lateral radiographs are non-diagnostic. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnoses are status post C4 - C5 anterior cervical discectomy and fusion; lumbar discopathy; left shoulder labral tear with degenerative joint disease; an internal derangement right knee. Date of injury is December 14, 1987. Request for authorization is September 16, 2015. According to a progress note dated July 30, 2015, the injured worker has neck pain which is improving with the pain score 3/10. Additional complaints include right knee pain 7/10. Objectively, the cervical spine examination is unremarkable. The lumbar spine shows tenderness to palpation and spasm. The right knee shows tenderness over the joint lines with positive patellar grind. There is no instability. Utilization review indicates the injured worker was certified for 12 acupuncture sessions. Utilization review states the injured worker was certified for a right knee magnetic resonance imaging scan May 2013. There is no hard copy or discussion of a prior MRI of the right knee. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation of a significant change in symptoms and/or objective findings suggestive of significant pathology. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a prior authorized MRI dated May 2013 and no documentation with a significant change in symptoms and/or objective findings, magnetic resonance imaging right knee is not medically necessary.