

Case Number:	CM15-0244719		
Date Assigned:	12/24/2015	Date of Injury:	04/08/2015
Decision Date:	01/29/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/15/2015

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:

The injured worker is a 42 year old female, who sustained an industrial injury on 04-08-2015. She has reported injury to the left shoulder and right knee. The diagnoses have included left shoulder pain; left shoulder sprain-strain; left shoulder impingement syndrome; right knee sprain-strain; right knee chondromalacia. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included Relafen, Acetaminophen, Mobic, Menthoderm ointment, and Prilosec. A progress report from the treating provider, dated 10-26-2015, documented an evaluation with the injured worker. The injured worker reported frequent severe left shoulder pain, stiffness, and cramping; constant severe right knee pain, stiffness, and cramping. Objective findings included the left shoulder ranges of motion are decreased and painful; there is +3 tenderness to palpation of the anterior shoulder, posterior shoulder, and lateral shoulder; supraspinatus press causes pain; the right knee ranges of motion are decreased and painful; there is +3 tenderness to palpation of the anterior knee, medial knee, and lateral knee; and McMurray's causes pain. The treatment plan has included the request for one (1) re-evaluate 4-6 weeks related to the right knee and left shoulder injury; one (1) consult to pain management for the right knee and left shoulder injury; and 18 acupuncture treatments for the right knee 3 times a week for 6 weeks. The original utilization review, dated 11-19-2015, noncertified the request for one (1) re-evaluate 4-6 weeks related to the right knee and left shoulder injury; one (1) consult to pain management for the right knee and left shoulder injury; and 18 acupuncture treatments for the right knee 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) re-evaluate 4-6 weeks related the right knee and left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: Per the MTUS guidelines, patients with shoulder complaints can have follow-up every three to five days by an appropriate health professional who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. The practitioner should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone. Physician follow-up generally occurs when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. For knee complaints, the MTUS guidelines state that patients with knee complaints should have follow-up every three to five days, whether in person or with brief telephone or e-mail contact, by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns. The practitioner can answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up is appropriate when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. In this case, the injured worker continues to complain of shoulder and knee pain with objective findings of tenderness to palpation and decreased range of motion despite continued attempts at conservative treatments. She continues to be unable to work. Continued follow-up with the primary treating physician is warranted at this time. The request for one (1) re-evaluate 4-6 weeks related the right knee and left shoulder is determined to be medically necessary.

One (1) consult to pain management for the right knee and left shoulder injury: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: The MTUS guidelines recommend consultation with pain management if opioid are required for extended periods (beyond what is usually required for the condition) or if

pain does not improve on opioids in three months. Pain management consultation is also recommended for the rare case when total daily opioid therapy exceeds 120 mg oral morphine equivalents. The injured worker had an initial pain management evaluation on 09/28/2015 in which she was prescribed Norco. Although she is prescribed Norco, a follow-up with pain management is supported to assess the efficacy of the prescribed Norco. The request for one (1) consult to pain management for the right knee and left shoulder injury is determined to be medically necessary.

18 acupuncture treatment for the right knee 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, the injured worker has received an unknown number of previous acupuncture treatments without significant subjective improvements in pain. The request for 18 acupuncture treatment for the right knee 3 times a week for 6 weeks is determined to not be medically necessary.