

Case Number:	CM13-0067821		
Date Assigned:	01/03/2014	Date of Injury:	06/01/2008
Decision Date:	03/11/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Rehabilitation

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 43 year old male, who sustained an industrial injury on June 1, 2008 through July 5, 2011. The diagnoses have included status post left shoulder arthroscopy, cervical sprain, internal derangement of bilateral knees and depression. Treatment to date has included left shoulder arthroscopy, Magnetic resonance imaging (MRI) of right knee on February 13, 2012 revealing a multi-loculated upward extending small to moderate size popliteal cyst, marked ill-defined rounded and linear internal structural damage- mucinous/myxoid deterioration-involving the posterior horn of the medial meniscus, slightly greater than the contralateral side and prominent high signal along the dorsal origin of the patellar tendon slightly less than the contralateral side, probably representing deteriorative tendinosis although clinical inflammatory tendinitis with a partial thickness tearing of the patellar tendon origin could not be excluded, an MRI arthro of the left shoulder was done on April 3, 2012 revealing minimal acromioclavicular osteoarthritis and interspinous tendinitis and on June 14, 2013 arthroscopic left shoulder subacromial decompression and arthroscopic distal clavicle resection, physical therapy unknown number of sessions and medication. Currently, the IW complains of moderate pain in the left shoulder.

On November 21, 2013 Utilization Review non-certified acupuncture two times six weeks left shoulder and MRI arthrogram right knee, noting Medical treatment utilization schedule (MTUS) guidelines and American College of Occupational and Environmental Medicine (ACOEM) was cited. On November 14, 2013, the injured worker submitted an application for IMR for review of acupuncture two times six weeks left shoulder and MRI arthrogram right knee to rule out meniscus tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 week left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The 42 year old patient complains of moderate pain in left shoulder and bilateral knees, as per progress report dated 11/19/13. The request is for ACUPUNCTURE 2 X 6 WEEK LEFT SHOULDER. The RFA for this request is dated 11/14/13 and requests the therapy with a specific treater. The date of injury is 07/05/11. The patient is status post left shoulder arthroscopy on 06/14/13, and has been diagnosed with cervical spine strain, internal derangement of bilateral knees, depression, sleep disorder, and gastritis secondary to NSAID use, as per progress report dated 11/19/13. The patient has been allowed to return to modified work, as per the same progress report. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and AND reduced dependence on medical treatments. In this case, the patient has undergone surgery for the left shoulder and tried physical therapy post-operatively which has helped, as per progress report dated 11/19/13. The progress reports do not document prior acupuncture. However, the UR letter states that in progress report dated 06/04/12, the treater states has stated that the patient's left shoulder is not benefiting from acupuncture. This report is not available for review at this time and there is no evidence to contradict the UR contention. MTUS requires clear documentation of improvement in pain and function for additional acupuncture therapy. This request IS NOT medically necessary.

MRI arthrogram for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 331-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI of the Knee

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-342. Decision based on Non-MTUS Citation chapter 'Knee & Leg (Acute and Chronic)' and topic 'MR arthrography'

Decision rationale: The 42 year old patient complains of moderate pain in left shoulder and bilateral knees, as per progress report dated 11/19/13. The request is for MRI ARTHROGRAM OF THE RIGHT KNEE. The RFA for this request is dated 11/14/13. The date of injury is

07/05/11. The patient is status post left shoulder arthroscopy on 06/14/13, and has been diagnosed with cervical spine strain, internal derangement of bilateral knees, depression, sleep disorder, and gastritis secondary to NSAID use, as per progress report dated 11/19/13. The patient has been allowed to return to modified work, as per the same progress report. ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG Guidelines chapter knee and leg (acute and chronic) and topic magnetic resonance imaging states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI. For "repeat MRIs; post surgical if need to assess knee cartilage repair tissue, routine use of MRI for followup of asymptomatic patients following knee arthroplasty is not recommended." ODG guidelines, chapter 'Knee & Leg (Acute and Chronic)' and topic 'MR arthrography', states that this test is "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%." In this case, progress reports do not indicate prior MRI of the knee. The treater states that the patient has palpable tenderness in bilateral knees along with positive McMurray's test, as per progress report dated 08/26/13. X-rays of bilateral knees dated 06/04/12 were unremarkable, as per progress report dated 03/08/13. In progress report dated 07/29/13, the treater states that the range of motion in bilateral knees is restricted and requests for MRI arthrogram of bilateral knees. The progress reports do not document knee surgery. In progress report dated 11/19/13, the treater states that the patient suffers from bilateral knee pain and requests for MRI arthrogram of the LEFT knee. However, in RFA and progress report dated 11/14/13, the treater requests of MRI arthrogram of the RIGHT knee. Both the progress reports do not provide additional information about the patient's knees apart from indicating that they have moderate pain. However, in the RFA, the treater states that the test is to rule out meniscal tear. ODG guidelines allow for MRIs to evaluate soft tissue injuries such as meniscal tears. Hence, this request IS medically necessary.