

Case Number:	CM14-0149520		
Date Assigned:	09/18/2014	Date of Injury:	06/30/2013
Decision Date:	01/02/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of February 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; earlier knee ACL reconstruction surgery on July 26, 2013; and 12 sessions of postoperative physical therapy, per the claims administrator. In a Utilization Review report dated August 15, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy with work conditioning for the knee. The claims administrator suggested that the applicant had limitations in place as of the date of the request in its UR report. The applicant's attorney subsequently appealed. In a July 30, 2014 progress note, the applicant reported ongoing complaints of knee and leg pain. The applicant's stability was much better. The applicant was status post ACL reconstruction surgery on July 26, 2013, it was stated. The attending provider stated that the applicant had recently been approved for another 12 session of physical therapy. The applicant exhibited full range of motion and strength about the injured knee. The applicant was formerly employed as a custody assistant at the [REDACTED], it was stated. The attending provider suggested that the applicant complete the 12 sessions of previously approved physical therapy and then pursue additional 12 sessions for work conditioning purposes. The attending provider then stated that he was going to keep the applicant on restricted duty work. It was suggested (but not clearly stated) that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions for the right shoulder, right elbow, right wrist, neck and the thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.20f.

Decision rationale: The request in question does represent a renewal request for acupuncture as the applicant has had unspecified amounts of acupuncture treatment over the course of the claim, including 11 prior treatments in 2014 alone. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20f, in this case, however, there was/is no such evidence of functional improvement as defined in Section 9792.20f with earlier acupuncture treatment. The applicant remains off of work, on total temporary disability and has apparently not worked in over a year, despite having had 11 prior sessions of acupuncture. Shoulder surgery is being sought, implying that earlier conservative measures, including earlier acupuncture, were, in fact, unsuccessful. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite at least 11 prior sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.

X-ray of the right shoulder (3 views): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

Decision rationale: The operating diagnosis here is that of rotator cuff tear. However, the MTUS Guideline in ACOEM Chapter 9, Table 9-5, page 209 notes that plain film x-rays/radiography are scored a 1/4 in their ability to identify and define suspected rotator cuff tears, as is present here. The applicant has a full thickness supraspinatus tendon tear, already established via MRI imaging, it was noted above. It was not clear why plain film imaging of the shoulder is being sought in light of the fact that the diagnosis in question has already been definitely established. Therefore, the request is not medically necessary.