

Case Number:	CM15-0114413		
Date Assigned:	06/22/2015	Date of Injury:	02/12/2014
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old male, who sustained an industrial injury on 2/12/14. He reported pain in the right shoulder, right hand, low back and neck. The injured worker was diagnosed as having right shoulder tendinitis, right shoulder acromioclavicular arthrosis, right shoulder medial and lateral meniscal tear, lumbar disc displacement herniated nucleus pulposus, lumbar spine degenerative disc disease, lower extremity radiculitis, bilateral knee pain, and right knee internal derangement. Treatment to date has included neurostimulation therapy for the lumbar spine, PT and medications. The treatments in 2014 was noted to include acupuncture, infra light and soft tissue mobilization. The medications listed are Norco, cyclobenzaprine, Motrin and topical analgesics. Currently, the injured worker complains of right shoulder pain radiating to the arm and fingers associated with muscle spasms, low back pain with muscle spasms, and bilateral knee pain with muscle spasms. The pain scores decreased from 8/10 to 5-6/10 with medications. An MRI of the right knee performed on 11/10/2014 did not show deterioration of the condition. A referral for Orthopedist evaluation and treatment that was authorized had not yet been completed. The treating physician requested authorization for a MRI of the right knee and acupuncture x18 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg (Acute & Chronic), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee.

Decision rationale: The CA MTUS; ACOEM and the ODG guidelines recommend that MRI investigation can be utilized for the evaluation of deteriorating musculoskeletal condition or when clinical findings and plain radiographs are inconclusive. The records did not show a recent deterioration of the right knee condition following the 11/10/2014 last MRI of the right knee. The recently authorized Orthopedist consultation had not been completed. The criteria for right Knee MRI was not met and is not medically necessary.

Acupuncture treatment, quantity: 18 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS recommend that Acupuncture treatments can be utilized for the management of musculoskeletal pain. The guidelines require that functional restoration be documented following the initial 3-6 trial treatment sessions before more treatment sessions can be continued. The records indicate that 4 acupuncture treatments were previously authorized in February 2015 but there is no documentation that the treatments were completed. There was no documentation that the 2014 treatments resulted in significant pain relief or functional restoration. The criteria for Acupuncture treatments -18 sessions were not met and are not medically necessary.