

<b>Case Number:</b>	CM15-0038133		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/21/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: 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 41 year old male, who sustained an industrial injury on November 21, 2014. The diagnoses have included cervicothoracic strain with arthrosis, right shoulder strain with possible rotator cuff injury, right knee strain/contusion with possible meniscal tear, left ankle sprain/strain, status post motor vehicle accident (MVA) with wide ranging sprains/strains/contusions, status post chest contusion and status post head contusion. A progress note dated December 17, 2014 provided the injured worker complains of neck, right shoulder, right knee and left ankle pain. Physical exam notes pain with extension of neck, tenderness of thoracic spine, shoulder tenderness with positive Hawkin's and Neer's tests, mildly antalgic gait, right knee pain with crepitus and effusion and left ankle tenderness with swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture with electrical stimulation; six (6) visits, cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient presents with neck, right shoulder, right knee, and left ankle pain. The request is for ACUPUNCTURE WITH ELECTRICAL STIMULATION; SIX (6) VISITS, CERVICAL SPINE. The RFA is not provided. Patient's diagnosis included cervicothoracic strain with arthrosis, right shoulder strain with possible rotator cuff injury, right knee strain/contusion with possible meniscal tear, left ankle sprain/strain, status post motor vehicle accident (MVA) with wide ranging sprains/strains/ contusions, status post chest contusion and status post head contusion. Patient has been on disability since 11/21/14. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The medical records provided do not show any acupuncture therapy reports or a history of acupuncture therapy. In this case, given the patient's chronic pain symptoms, a trial of acupuncture is appropriate, and the requested 6 sessions are within guidelines. The request IS medically necessary.

**MR arthrogram, right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (acute & chronic) chapter, MR Arthrogram.

**Decision rationale:** The patient presents with neck, right shoulder, right knee, and left ankle pain. The request is for MR ARTHROGRAM, RIGHT SHOULDER. The RFA is not provided. Patient's diagnosis included cervicothoracic strain with arthrosis, right shoulder strain with possible rotator cuff injury, right knee strain/contusion with possible meniscal tear, left ankle sprain/strain, status post motor vehicle accident (MVA) with wide ranging sprains/strains/ contusions, status post chest contusion and status post head contusion. Patient has been on disability since 11/21/14. ODG guidelines, chapter 'Shoulder (acute & chronic)' and topic 'MR Arthrogram', states that the procedure is "Recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair." Treater does not provide a rationale for the request. In this case, the patient has been diagnosed with right shoulder strain with possible rotator cuff injury. The records do not show any previous MRI or MR Arthrogram of the right shoulder. ODG guidelines support the use of MR arthrogram for detection of labral tears. The treater does not raise any suspicion regarding potential labral tear. Exam findings point more toward rotator cuff problem. The patient is not post-operative either from rotator cuff repair. It may be reasonable to obtain a conventional MRI, but the MR arthrogram is not supported by the guidelines. The treater does not explain why MR arthrogram rather than a conventional MRI is being requested. The current request IS NOT medically necessary.

**MRI left ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot; MRI (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Ankle & Foot (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The patient presents with neck, right shoulder, right knee, and left ankle pain. The request is for MR ARTHROGRAM, RIGHT SHOULDER. The RFA is not provided. Patient's diagnosis included cervicothoracic strain with arthrosis, right shoulder strain with possible rotator cuff injury, right knee strain/contusion with possible meniscal tear, left ankle sprain/strain, status post motor vehicle accident (MVA) with wide ranging sprains/strains/contusions, status post chest contusion and status post head contusion. Patient has been on disability since 11/21/14. ODG-TWC, Ankle & Foot (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI) Section: "Recommended as indicated below. Indications for imaging - MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal. Chronic ankle pain, suspected tendinopathy, plain films normal, Chronic ankle pain, pain of uncertain etiology, plain films normal, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater does not provide a rationale for the request. Review of the medical records did not show a prior ankle MRI. In this case, given that the patient continues to experience significant pain of uncertain etiology despite conservative care, the requested MRI would appear reasonable. The request IS medically necessary.