

Case Number:	CM15-0075824		
Date Assigned:	04/27/2015	Date of Injury:	04/12/2010
Decision Date:	07/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/20/2015

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:

This 54-year-old woman sustained an industrial injury on 4/12/2010 after falling down a few stairs when the banister broke. Evaluations include undated right knee and low back x-rays, left shoulder, left elbow, left wrist, lumbar spine, right knee, and left knee MRIs dated 6/7/2011, electromyogram and nerve conduction studies of the bilateral upper and lower extremities dated 6/16/2011, and x-rays of the left shoulder, left wrist, lumbar spine, right knee, and left knee dated 3/26/2015. Treatment has included oral medications and physical therapy. Physician notes dated 3/26/2015 show complaints of pain to her lumbar spine, left knee, right knee, left wrist, and left shoulder. Recommendations include corticosteroid injections, physical therapy, updated MRIs of the left shoulder, left wrist, and left knee, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture tow times a week for six weeks QTY: 12. 00: 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 patient presents with pain and weakness in multiple body parts including her left shoulder, lower back, both of knees and left wrist. The request is for 12 Sessions of Acupuncture. RFA is dated on 04/02/15. The patient has had MRIs of left shoulder, left elbow, left wrist, lumbar spine, right knee and left knee on 06/07/11, which show a partial tear of the left rotator cuff, mild tendinitis at the left biceps tendon, 3-4mm disc bulge at L5-S1 and left suprapatellar effusion. EMG/NCV of upper/lower extremities from 06/16/11 reveals no evidence of radiculopathy in the upper extremity, carpal tunnel syndrome, ulnar neuropathy, or entrapment neuropathy in the lower extremity. Regarding work status, the treater states that "the patient may perform her regular duties." MTUS guidelines page 13 refers "Section 9792. 24. 1 of the California Code of Regulations, Title 8, under the Special Topics section." MTUS allow 3-6 sessions of acupuncture treatments for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, none of the reports provide information about this acupuncture request and no treatment history to understand whether or not the patient has had acupuncture in the past. If the patient has not tried acupuncture in the past, 3-6 sessions may be tried but the request is for 12 sessions exceeding what is allowed by MTUS. If the patient has already tried acupuncture, the treater must provide documentation of functional improvement to be considered for additional treatments. Such documentations are not provided. Therefore, the request is not medically necessary.

Physical therapy two times a week for six weeks QTY: 12. 00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in multiple body parts including left shoulder, lower back, both of knees and left wrist. The request is for 12 Sessions of Physical Therapy. RFA is dated on 04/02/15. The patient has had MRIs of left shoulder, left elbow, left wrist, lumbar spine, right knee and left knee on 06/07/11, which show a partial tear of the left rotator cuff, mild tendinitis at the left biceps tendon, 3-4mm disc bulge at L5-S1 and left suprapatellar effusion. EMG/NCV of upper/lower extremities from 06/16/11 reveals no evidence of radiculopathy in the upper extremity, carpal tunnel syndrome, ulnar neuropathy, or entrapment neuropathy in the lower extremity. Per 03/19/13 QME's report, the patient has had physical therapy in the past. Regarding work status, the treater states that: "the patient may perform her regular duties". For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with some already received would exceed what is recommended per MTUS guidelines. The request of physical therapy is not medically necessary.

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 217. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (Acute & Chronic), Indications for Imaging - Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: The patient presents with pain and weakness in multiple body parts including left shoulder, lower back, both of knees and left wrist. The request is for MRI of the Left Shoulder. RFA is dated on 04/02/15. Regarding work status, the treater states that "the patient may perform her regular duties". Per 03/26/15 progress report, physical examination of the left shoulder shows tenderness at the acromioclavicular joint, subacromial bursa, and in the direction of the rotator cuff. Left shoulder abduction is to 130 degrees, internal rotation is to 30 degrees. Impingement sign, Hawkins test and O'Brien test are positive. The power of the abductors against resistance is 3/5+. X-ray of the left shoulder from 03/26/15 reveals hypertrophic changes at the acromioclavicular joint and osteophytosis at the undersurface of the acromion. MRI of the left shoulder from 06/07/11 shows a partial tear of rotator cuff and fluid in the glenohumeral joint with tendinitis. Regarding work status, the treater states that "the patient may perform her regular duties". MTUS does not discuss MRI's. ACOEM guidelines page 207- 208 do not recommend MRI except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain, cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint or there is failure to progress in a strengthening program intended to avoid surgery. ACOEM guidelines refer to acute/subacute condition. ACOEM recommends before updating MRI as conservative care and the records do not contain therapy progress report that would determine failure to progress in a strengthening program intended to avoid surgery. ODG guidelines, Shoulder chapter, MRI topic, states that "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)" In this case, the treater requested updated MRI of the left shoulder, "because surgical intervention may be needed". The patient has had a previous MRI of the left shoulder, showing a partial tear of rotator cuff and fluid in the glenohumeral joint with tendinitis. There is no evidence of new injury, significant change in clinical presentation, or any red flags. The patient is not post-op either. The request is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-335, 348.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg chapter, MRI.

Decision rationale: The patient presents with pain and weakness in multiple body parts including left shoulder, lower back, both of knees and left wrist. The request is for MRI of the Left Knee. RFA is dated on 04/02/15. Regarding work status, the treater states that "the patient may perform her regular duties". Per 03/26/15 progress report, physical examination of the left

knee shows swelling with tenderness at the medial and lateral joint lines and patellofemoral joint. Range of motion is 5-120 degrees, McMurray test is positive. X-ray of the left knee from 03/26/15 reveals narrowing at the medial joint line. MRI of the left knee from 06/07/11 shows suprapatellar effusion. MTUS guidelines do not discuss MRI. ODG guidelines, under Knee chapter, do not recommend it unless there are soft-tissue injuries such as meniscal, chondral surface injuries, and ligamentous disruption. ODG does support it for post-operative evaluation of cartilage repair. ODG states "Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" In this case, the treater requested updated MRI of the left knee, "because surgical intervention may be needed". The patient underwent MRI of the left knee on 06/07/11. There is no evidence of new injury, significant change in clinical presentation, or any red flags. The patient is not post-op either. The request is not medically necessary.

MRI of the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging).

Decision rationale: The patient presents with pain and weakness in multiple body parts including left shoulder, lower back, both of knees and left wrist. The request is for MRI of the Left Wrist. RFA is dated on 04/02/15. Regarding work statue, the treater states that "the patient may perform her regular duties". Per 03/26/15 progress report, Tinel's sign and Phalen's test are positive at the left wrist. X-ray of the left wrist from 03/26/15 shows degenerative changes at the carpal bones. MRI of the left wrist from 06/07/11 reveals a suggestion of a tear of the triangular fibrocartilage complex. ODG Guidelines, Forearm, Wrist, & Hand (Acute & Chronic) chapter, MRI's (magnetic resonance imaging) Magnetic resonance imaging has been advocated for patients with chronic wrist pain because it enables clinicians to perform a global examination of the osseous and soft tissue structures. It may be diagnostic in patients with triangular fibrocartilage (TFC) and interosseous ligament tears, occult fractures, avascular neurosis, and miscellaneous other abnormalities. Chronic wrist pain, plain films normal, suspect soft tissue tumor. Chronic wrist pain, plain film normal or equivocal, suspect Kienbock's disease. 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) Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the treater requested updated MRI of the left wrist, "because surgical intervention may be needed". The patient underwent MRI of the left wrist on 06/07/11. There is no evidence of new injury, significant change in clinical presentation, or any red flags. The patient is not post-op either. The request is not medically necessary.