

Case Number:	CM15-0098907		
Date Assigned:	06/01/2015	Date of Injury:	01/02/2013
Decision Date:	07/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/22/2015

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 53 year old male, who sustained an industrial injury on 1/2/13. The injured worker has complaints of bilateral knee pain left greater than right. The documentation noted on examination left knee there is tenderness and swelling noted over the medial and lateral joint lines and crepitation was noted. The diagnoses have included left knee internal derangement; left knee degenerative joint disease and psoriasis. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder on 8/26/14 showed small partial thickness articular surface tear of the supraspinatus tendon; tear of the superior labrum extending anteriorly and posteriorly, the posterior tear extends to the mid humeral level; the inferior half of the labrum cannot be assessed due to artifact on the proton density fat sat axial images in this region; chronic mild acromioclavicular joint separation and mild tendinosis of the long head of the biceps tendon; magnetic resonance imaging (MRI) of the left shoulder on 8/26/14 showed greater than 50 percent effect bursal surface tear of the supraspinatus tendon; interstitial tear versus tendinosis of the subsacralis tendon; a superior labral tear extending anteriorly and posteriorly and subacromial/subdeltoid bursitis; magnetic resonance imaging (MRI) of the cervical spine on 8/26/14 showed focal disc protrusion in the central canal zone posteriorly at C5-C6 abutting the ventrals spinal cord causing mild central cannal stenosis, multilevel degenerative disc disease and uncovertebral osteophyte formation with mild narrowing of the central canal at C4-C5 and C6-C7 and mild foraminal stenosis on the right at C5-C6 and on the left at C2-C3; magnetic resonance imaging (MRI) of the left knee on 8/26/14 showed no meniscal tear, mild mucoid degeneration of the posterior horn of the medial meniscus, mild

chondromalacia of the medial patellar facet and mild tendinosis of the proximal patellar tendon; physical therapy; acupuncture therapy; chiropractic treatment and cortisone injections. The request was for chiropractic therapy 2 times 4 for the bilateral shoulders; chiropractic therapy 2 times 4 for the bilateral knees; acupuncture 2 times 4 for the bilateral knees and acupuncture 2 times 4 for the bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy 2 x 4 for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient was injured on 01/02/13 and presents with bilateral shoulder and bilateral knee pain. The request is for CHIROPRACTIC THERAPY 2 X 4 FOR THE BILATERAL SHOULDERS. There is no RFA provided and the patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The reason for the request is not provided. The patient has a limited shoulder range of motion, a positive impingement sign on the left, a positive Yergason test on the left, a positive supraspinatus on the left, and a positive codman's test on the left. Regarding the bilateral knees, the patient has pain to palpation of the medial and lateral aspect of the knee joint. He is diagnosed with left knee internal derangement, left knee degenerative joint disease, and psoriasis. MTUS guidelines allow up to 18 sessions of treatment following initial trial of 3-6 sessions. There is no documentation of the patient having a trial of 3 to 6 chiropractic sessions. Therefore, the requested 8 chiropractic sessions for the bilateral shoulders IS NOT medically necessary.

Chiropractic therapy 2 x 4 for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient was injured on 01/02/13 and presents with bilateral shoulder and bilateral knee pain. The request is for CHIROPRACTIC THERAPY 2 X 4 FOR THE BILATERAL KNEES. There is no RFA provided and the patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The reason for the request is not provided. The patient has a limited shoulder range

of motion, a positive impingement sign on the left, a positive Yergason test on the left, a positive supraspinatus on the left, and a positive codman's test on the left. Regarding the bilateral knees, the patient has pain to palpation of the medial and lateral aspect of the knee joint. He is diagnosed with left knee internal derangement, left knee degenerative joint disease, and psoriasis. MTUS guidelines allow up to 18 sessions of treatment following initial trial of 3-6 sessions. There is no documentation of the patient having a trial of 3 to 6 chiropractic sessions. Therefore, the requested 8 chiropractic sessions for the bilateral knees IS NOT medically necessary.

Acupuncture 2 x 4 for the bilateral knees: 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 was injured on 01/02/13 and presents with bilateral shoulder and bilateral knee pain. The request is for ACUPUNCTURE 2 X 4 FOR THE BILATERAL KNEES. There is no RFA provided and the patient's work status is not provided. For acupuncture, 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, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The reason for the request is not provided. The patient has a limited shoulder range of motion, a positive impingement sign on the left, a positive Yergason test on the left, a positive supraspinatus on the left, and a positive codman's test on the left. Regarding the bilateral knees, the patient has pain to palpation of the medial and lateral aspect of the knee joint. He is diagnosed with left knee internal derangement, left knee degenerative joint disease, and psoriasis. In this case, there is no indication that the patient has had any prior acupuncture sessions. It may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement, as required by MTUS Guidelines. However, the treating physician is requesting for a total of 8 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The requested 8 sessions of acupuncture for the bilateral knees IS NOT medically necessary.

Acupuncture 2 x 4 for the bilateral shoulders: 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 was injured on 01/02/13 and presents with bilateral shoulder and bilateral knee pain. The request is for ACUPUNCTURE 2 X 4 FOR THE BILATERAL

SHOULDERS. There is no RFA provided and the patient's work status is not provided. For acupuncture, 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, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), A significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The reason for the request is not provided. The patient has a limited shoulder range of motion, a positive impingement sign on the left, a positive Yergason test on the left, a positive supraspinatus on the left, and a positive codman's test on the left. Regarding the bilateral knees, the patient has pain to palpation of the medial and lateral aspect of the knee joint. He is diagnosed with left knee internal derangement, left knee degenerative joint disease, and psoriasis. In this case, there is no indication that the patient has had any prior acupuncture sessions. It may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement, as required by MTUS Guidelines. However, the treating physician is requesting for a total of 8 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The requested 8 sessions of acupuncture for the bilateral shoulders IS NOT medically necessary.