

<b>Case Number:</b>	CM13-0002839		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	11/23/2010
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	07/13/2013
<b>Priority:</b>	Expedited	<b>Application Received:</b>	07/24/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of November 23, 2010. A utilization review determination dated July 13, 2013 recommends denial of EMG/NCV study bilateral lower extremities, x-ray of the right knee, MRI of the right knee, functional capacity evaluation, physical therapy 3 times a week for 4 weeks, MD referral for medication, and right knee double hinged brace. The note indicates that the patient has undergone 18 physical therapy sessions to date. A progress report dated April 14, 2014 identifies subjective complaints of intermittent moderate dull achy sharp right knee pain and weakness associated with bending, kneeling, and squatting. The right knee is still giving way. The pain is rated as 7/10. Objective examination findings identify a mild limp with patellofemoral crepitus and decreased range of motion. There is positive tenderness to palpation around the anterior, lateral, medial, and posterior knee. McMurray's test is positive. Diagnoses include right knee internal derangement, right knee meniscus tear, right knee pain, right knee sprain/strain, as well as other insomnia and psychological diagnoses. The treatment plan recommends referring the patient to a medical doctor for medication, await podiatry consult, await orthopedic report, physical therapy twice a week for four weeks, and await AME. A report dated March 14, 2014 indicates that the patient had become permanent and stationary on January 6, 2014 at the time the orthopedic surgeon determined that the patient would not benefit from surgery. The note indicates that the patient objective examination is benign. Future medical care recommends over-the-counter medication and home exercise with no recommendation for injections or additional physical therapy, which might aggravate the situation. An AME report dated January 6, 2014 indicates that the patient underwent x-rays of the right knee at the time of the initial injury. Physical therapy was initiated but was not beneficial. He received additional physical therapy in 2011, which was beneficial. He underwent an MRI of the right knee on September 17, 2012. He was provided a knee brace in October 2012. Another MRI scan was

performed in July 2013 and additional physical therapy was provided. The MRI have the right knee from 2012 identified no meniscus or ligament tear, no fracture, and of mild chondromalacia patella. An MRI done on July 2013 identified a medial meniscus tear. A right knee x-ray was performed which appears normal. Physical examination identifies normal strength and sensation in the patient's lower extremities. The knee examination reveals slight tenderness to the inferior aspect of the patella and slight pain with flexion. Special knee tests were negative.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electrodiagnostic Studies.

**Decision rationale:** Regarding the request for an EMG/NCV of the lower extremities, ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery. When a neurologic examination is less clear however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. They go on to state that electromyography may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. ODG states that nerve conduction studies are not recommended for back conditions. They go on to state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Within the documentation available for review, there are no physical examination findings supporting a diagnosis of specific nerve compromise. Additionally, if such findings are present but have not been documented, there is no documentation that the patient has failed conservative treatment directed towards these complaints. In the absence of such documentation, the requested EMG/NCV of the lower extremities is not medically necessary.

#### **X-RAY OF THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

**Decision rationale:** Regarding the request for x-ray of the right knee, ACOEM guidelines state that special studies are not needed to evaluate most knee complaints until after a period of

conservative care and observation. They support the use of x-rays for joint diffusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90 degrees. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, it appears the patient has undergone an x-ray previously. There is no indication as to how the patient's symptoms have changed or worsened since the time of the previous radiograph. Additionally, there is no indication that the current treating physician has reviewed those x-rays prior to requesting a repeat imaging study. Finally, it is unclear how the currently requested x-ray will affect the patient's treatment plan. For these reasons, the requested x-ray of the right knee is not medically necessary.

### **MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Minnesota Rules, 5221.6100 Parameters for Medical Imaging

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, MRI.

**Decision rationale:** Regarding the request for MRI right knee, ACOEM Guidelines state reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. ODG indications for imaging -- MRI (magnetic resonance imaging): Acute trauma to the knee, including significant trauma (e.g., motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption; Non-traumatic knee pain, child, or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed; Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected; Nontraumatic knee pain, adult. Nontrauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs non-diagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected; Nontraumatic knee pain, adult - non-trauma, non-tumor, non-localized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Pellegrini Stieda disease, joint compartment widening). Within the documentation available for review, it appears the patient has undergone two MRIs of the right knee previously. There is no indication that the current treating physician has reviewed those MRIs prior to requesting a third MRI. Additionally, there is no documentation indicating that the patient's symptoms have significantly changed or were sent to justify a third imaging study of the same body part. Finally, it is unclear how the outcome of the currently requested MRI will affect the patient's current treatment plan. For these reasons, the requested MRI of the right knee is not medically necessary.

## **FUNCTIONAL CAPACITY EVALUATION: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation

**Decision rationale:** Regarding request for a functional capacity evaluation, ACOEM Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. Additionally, despite the fact that the patient has previously been determined to have reached maximum medical improvement, the current treating physician has requested numerous diagnostic studies and various treatment modalities. Therefore, it is unclear whether the patient has truly reached maximum medical improvement or not. For these reasons, the requested functional capacity evaluation is not medically necessary.

## **PHYSICAL THERAPY THREE TIMES FOUR EQUALS TWELVE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy three times a week for four weeks, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. For

these reasons, the request for physical therapy three times a week for four weeks is not medically necessary.

**MD REFERRAL FOR MEDICATIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for MD referral for medications, ACOEM Guidelines support consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it is unclear what is meant by "MD referral for medications." It is unclear whether this is a request for a pain management consultation to address the patient's pain complaints, if this is a request for psychological consultation to address the patient's psychological complaints, or something different entirely. A request for consultation needs to be specific so that it is understood what the consultant is intended to treat. In the absence of clarity regarding those issues, the requested "MD referral for medications," is not medically necessary.

**RIGHT KNEE DOUBLE HINGED BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD), Knee Chapter, Knee Brace.

**Decision rationale:** Regarding the request for a right knee double hinged brace, ACOEM Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits may be more emotional than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. OGD recommends valgus knee braces for knee osteoarthritis. OGD also supports the use of knee braces for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated. In the absence of such documentation, the requested right knee double hinged brace is not medically necessary.

