

Case Number:	CM13-0013590		
Date Assigned:	05/28/2014	Date of Injury:	11/03/2012
Decision Date:	07/11/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 45 year old male with a date of injury on 11/03/2012. Diagnoses include thoracic spine strain, lumbar spine strain, rule out discopathy, lower extremity radiculitis, right knee internal derangement, and left knee strain, rule out internal derangement. Subjective complaints are of continued low back pain, which medications and physical therapy are helping, and increasing right knee pain. Physical exam shows lumbar tenderness at L4-S1, decreased sensation in L5-S1 distribution, and positive straight leg raise test. Right knee shows positive McMurray's sign, mild effusion, tenderness over medial and posterior joint line, and without instability or ligamentous laxity. Patient received an EMG/NCV on 7/10/13 which demonstrated no abnormalities. Patient had a right knee MRI on 7/5/13 which showed a medical meniscal tear. Prior MRI of the lumbar spine reveals a 4mm disc protrusion at L4-L5 with encroachment upon the L5 nerve roots, and a 5mm disc protrusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITY: Upheld

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

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

Decision rationale: CA MTUS suggests that electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG recommends that EMG may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. For this patient, objective evidence is present of radiculopathy which is further corroborated on Lumbar MRI. Since radiculopathy is clinically apparent on exam and imaging, the request for a bilateral lower extremity EMG is not medically necessary.

NCV BILATERAL LOWER EXTREMITY: 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 Non-MTUS Official Disability Guidelines (ODG) LOW BACK, NCS.

Decision rationale: The ODG does not recommend NCS due to minimal justification for performing NCS when a patient is presumed to have symptoms of radiculopathy. This patient has low back pain with objective evidence of radiculopathy on exam and Lumbar MRI. Therefore, the request for a nerve conduction study is not medically necessary.

MRI OF THE RIGHT KNEE: Overturned

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

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

Decision rationale: ACOEM guidelines suggest knee MRI's are valuable when examination is unable to diagnose such non-acute conditions as an ACL tear. Most knee symptoms can be diagnosed with clinical symptoms; however an MRI to evaluate the extent of an ACL tear may be needed preoperatively. An MRI is not recommended for ligament collateral tears. The ODG states that in patients with non-acute knee symptoms who are highly suspected clinically of having intra-articular knee abnormalities, magnetic resonance imaging should be performed to exclude the need for arthroscopy. MRI studies were also deemed necessary if they were indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis. For this patient, the physical exam shows evidence of possible ligamentous internal derangement. Submitted documentation shows an MRI of the right

knee was performed on 7/5/13 which demonstrated a meniscal injury. Therefore, the request for an MRI of the right knee is medically necessary.