

Case Number:	CM13-0021037		
Date Assigned:	03/12/2014	Date of Injury:	03/21/2012
Decision Date:	04/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/06/2013

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:

The patient is a 57-year-old female with a date of injury of 03/21/2012. The listed diagnoses per [REDACTED] are, wrist joint pain, lower leg pain, cervical degenerative disk disease, and cervicgia. According to report dated 08/09/2013 by [REDACTED], the patient presents with bilateral knee, shoulder, and neck pain. The patient is status post left knee arthroscopy, partial lateral meniscectomy on 08/11/2011 and right TKA on 04/17/2013. Examination of the right knee revealed surgical scar from recent knee replacement surgery with residual 30% swelling, thicker than the left knee. Sensory is intact. Examination of the neck revealed flexion is 30 degrees and extension is 10 degrees with pain in both directions. Bilateral facet loading test is also positive. The Spurling's sign is negative bilaterally. Examination of the shoulder revealed "unremarkable." The treating physician states after reviewing patient's medical records and progress reports by [REDACTED], patient needs steroid injections, physical therapy, and a TENS unit. He will also be requesting a series of left knee Synvisc injections and a cervical epidural injection as well as bilateral upper extremity EMG/NCV studies since the patient's MRI performed on 03/22/2013 showed C3 to C7 degenerative disk disease (DDD) and mild spinal foraminal stenosis. X-ray of the cervical spine dated 07/10/2013 revealed multiple degenerative disk disease mainly at C5, C6, and C7, and multiple facet arthropathy. MRI of the cervical spine dated 03/22/2013 revealed stable appearance of the cervical spine from prior study, with the C3-C4 through C6-C7 degenerative disk disease. There is no more than mild spinal and foraminal stenosis. There is, again, demonstration of reversal of cervical lordosis. There is no evidence of acute abnormality.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV BILATERAL UPPER EXTREMITIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM Guidelines page 178 states "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NVC may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks." In this case, the symptoms have lasted longer than 3-4 weeks and although patient's MRI showed only mild stenosis, the patient continues with pain. The request for an EMG/NCV of the bilateral upper extremities is medically necessary and appropriate.

DME: TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Transcutaneous Electrical Nerve Stimulation), Page(s): 114-116.

Decision rationale: According to the MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, and phantom limb pain and multiple sclerosis. In this case, this patient does not present with any of the diagnoses that MTUS allows for a TENS unit. Furthermore, a review of the medical file reveals patient was prescribed "physical therapy, TENS and flector patches" on 07/18/2012 by a [REDACTED]. It is unclear if the patient used the unit and if so, how the TENS was used as well as any outcomes in terms of pain relief and function. The reequest for a Tens unit is not medically necessary and appropriate.

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

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

Decision rationale: For physical medicine, the MTUS guidelines recommends 9-10 visits over 8 weeks for myalgia and myositis type symptoms. In this case, 1-2 additional sessions may be warranted; however, the treater does not specify the number of sessions being requested. [REDACTED]

██████ in his report dated 08/09/2013, only states treatment plan is to include physical therapy. Prior reports dated 07/12/13, 07/1/13 and 02/20/2013 also do not discuss physical therapy request or history. An open-ended request for therapy cannot be considered. The request for physical therapy is not medically necessary and appropriate.