MAXIMUS Federal Services

Case Number:	CM13-0029594		
Date Assigned:	11/01/2013	Date of Injury:	03/08/2012
Decision Date:	02/19/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 62-year-old female who reported an injury on 03/08/2012 after an assault by a coworker. The patient reportedly injured her cervical spine, lumbar spine, and left knee. The patient was treated conservatively with medications and physical therapy. She ultimately underwent left total knee replacement in 07/2012. The patient underwent a cervical MRI that revealed facet arthrosis at the C5-T1 levels. The patient underwent an MRI of the lumbar spine that revealed multilevel facet arthrosis and disc bulges. The patient's most recent clinical examination findings included limited range of motion of the lumbar spine secondary to pain, reduced bilateral reflexes of the ankle and patellar, and reduced sensation in the L5-S1 distribution. Physical findings of the cervical spine included restricted range of motion secondary to pain, a positive Spurling's test with lack of radicular symptoms, tenderness to palpation of the cervical spinal musculature and trapezius muscles bilaterally, and decreased sensation over the left upper extremity in a patchy distribution. The patient's diagnoses included knee pain, lumbar radiculopathy, and cervical radiculopathy. The patient's treatment plan included continuation of medications, physical therapy, and electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

An EMG/NCS of bilateral upper and lower extremities: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

Decision rationale: The requested EMG/NCS of bilateral upper and lower extremities is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies of the bilateral upper extremities when cervical radiculopathy is suspected but not clearly indicated. The clinical documentation submitted for review does provide evidence that the patient has disturbed sensation in patchy distributions of the left upper extremity. Therefore, the need to clearly identify whether the patient's pain is radicular or neuropathic in nature would be indicated. However, the clinical documentation submitted for review does provide unequivocal evidence that the patient has lower extremity radiculopathy. The patient has weakness and disturbed sensation in the L5-S1 dermatomes. The American College of Occupational and Environmental Medicine does not recommend EMGs for the bilateral lower extremities when lumbar radiculopathy is clearly evident within the documentation. Additionally, Official Disability Guidelines (ODG) does not recommend nerve conduction studies for the bilateral lower extremities when lumbar radiculopathy is clearly evident. Although electrodiagnostic studies may be indicated, the request as it is written is for both the upper and lower extremities. Therefore, the requested electrodiagnostic studies would not be indicated. As such, the requested EMG/NCS of bilateral upper and lower extremities is not medically necessary or appropriate.

Physical therapy two (2) times a week for six (6) weeks; lumbar, cervical and left 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)

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

Decision rationale: The requested physical therapy two (2) times a week for (6) weeks; lumbar cervical and left knee is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had extensive physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although a short course of physical therapy would be indicated to re-educate and re-establish the patient's home exercise program, the requested 2 times a week for 6 weeks is considered excessive. As such, the requested physical therapy two (2) times a week for (6) weeks lumbar cervical and left knee is not medically necessary or appropriate.