MAXIMUS Federal Services

Case Number:	CM13-0031631		
Date Assigned:	12/04/2013	Date of Injury:	10/08/2012
Decision Date:	01/27/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/03/2013

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 56 year old female who reported an injury on October 08, 2012. The mechanism of injury was cumulative trauma related to job duties. The result was injury to her left knee and hip. The patient was noted to have an internal derangement of the left knee and was prescribed physical therapy. The therapy did not improve symptoms and, therefore, the patient received a partial left knee replacement on February 26, 2013. Since the surgery, the patient has received more therapy and unspecified injections to the left knee. She is currently complaining of left knee swelling, pain, and functional deficits, as well as pain in the left hip that radiates down into the left groin area, and remains active in a home exercise program. A MRI of the left hip performed on October 02, 2013 was unremarkable and the MRI of the left knee reported joint effusion and a possible tear in the anterior horn of the lateral meniscus. The most recent clinical note stated that the patient had decreased sensation to light touch at the left knee and diminished reflexes of 4/5 in the left lower extremity. There was no VAS pain score provided. Her current medications include Naproxen 500mg twice a day, omeprazole 20mg daily, Neurontin 600mg three times daily and Flexeril 7.5mg three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend urine drug screening for patients who are on opioid therapy or for those who will be initiating opioid therapy. However, the medical records submitted for review provided no evidence that the patient was currently taking opioids or that there was anticipation to begin an opioid regime. As such, the need for a urine drug screen is not indicated, and the request for a urine drug screen is non-certified.

Electromyogram (EMG) of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ ACOEM states that unequivocal objective findings of specific nerve compromise indicate the need for further studies, but when the neurological exam is less clear, further physiologic evidence must be obtained first. In the most recent clinical note dated September 28, 2013, the physical examination reports a decrease to light sensation in the left knee and motor weakness of 4/5. A recent MRI of the left knee was inconclusive due to her previous partial arthroplasty causing distortion of the images. In regard to the left hip, sensation was intact but motor weakness was again graded as 4/5; MRI of the left hip was normal. The CA MTUS/ACOEM guidelines also state that an EMG can be used to identify subtle, focal neurologic dysfunction in patients with symptoms lasting longer than 3-4 weeks. Although the patient is noted to have persistent findings of left knee sensory deficits and 4/5 deep tendon reflexes in the left lower extremity, there are not specific deficits noted in a dermatomal distribution to support the necessity of performing electrodiagnostic testing. It was noted the patient has decreased sensation at the left knee; however, the patient is also noted to be status post left knee replacement. As such, the request for EMG of the lower extremities is non-certified.

Nerve Conduction Study (NGS) of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG-TWC, Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Nerve Conduction Studies

Decision rationale: The California MTUS/ACOEM guidelines do not address nerve conduction studies; therefore, the Official Disability Guidelines were supplemented. The ODG does not recommend nerve conduction studies and state that an EMG is sufficient in obtaining unequivocal evidence of radiculopathy. As such, the request for a nerve conduction study to the lower extremities is non-certified.