MAXIMUS Federal Services

Case Number:	CM13-0034796		
Date Assigned:	12/11/2013	Date of Injury:	11/24/2011
Decision Date:	01/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 11/24/2011. The mechanism of injury information was not provided in the medical record. The patient diagnoses included cervical stenosis with clinical signs of myeloradiculopathy, impingement syndrome , right shoulder, myoligamentous sprain/strain of left knee, superimposed on early degenerative changes, ruled out internal derangement, osteoporosis, and status post left carpal tunnel release. Review of the medical record revealed the patient had participated in physical therapy for cervical spine and bilateral upper extremities. The patient medication regimen consisted of Ultracet, Daypro, flurbiprofen 20% cream 30grams; cyclobenzaprine 10% and gabapentin 10% cream 30 grams; capsaicin 0.0375% ketoprofen 20% and ketamine 10% cream 30 gram. The patient complained of neck pain radiating to the bilateral upper extremities, intermittent shoulder, left knee, and left ankle pain, along with bilateral elbow pain. There was mention of an unofficial MRI of right shoulder dated 08/14/2012, which revealed a 2 mm diameter partial tear of the capsular surface of the infraspinaatus tendon adjacent to its site of insertion. The patient had been permanent and stationary since 02/21/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, MRI.

Decision rationale: California MTUS/ACOEM Guidelines state that 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. It also states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Official Disability Guidelines state repeat MRIs can be done post-surgical if there's a need to assess knee cartilage repair tissue. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. There is mention of a MRI of left knee done 07/27/2013 which revealed no evidence of meniscus or ligament tear or other source of internal derangement, and minimal amount of joint fluid present. There are no objective clinical findings to suggest there has been any change in the condition of the knee. All subjective and objective findings have remained the same. The request for an MRI of the left knee is non-certified.

Electromyography (EMG) of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There is no documented objective finding of any progressive neurological deficits to suggest the need for electromyography. There are no documented neurological deficits provided to warrant electromyography of bilateral upper extremities. There were no objective findings on examination to be further evaluated with electro-diagnostic studies prior to the provision of conservative treatment. There are subjective findings but nothing objective; as such the request for EMG to bilateral upper extremities is non-certified

Urine toxicology screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-79.

Decision rationale: California MTUS does not address urine toxicology screen specifically, it does state that urine drug screens are used with ongoing opioid therapy with issue of abuse, addiction, or poor pain control. California MTUS also states you can consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The patient was not receiving any opioid therapy. There were no documented indicators that they may be misuse of drugs provided in the medical record. The medical necessity for a urine toxicology screen has not been proven. As such, the request for urine toxicology screen is non-certified.