

Case Number:	CM13-0040729		
Date Assigned:	12/20/2013	Date of Injury:	03/27/2010
Decision Date:	02/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine, has a subspecialty in Cardiology, and is licensed to practice in 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 55 year old female who reported an injury on 03/27/2010. The mechanism of injury information was not provided in the medical record. The patient's diagnoses were upper extremity overuse syndrome, lumbar disc disease, and bilateral lumbar radicular symptoms. Review of the medical record revealed the patient has received physical therapy, medication management, and acupuncture. The most recent clinical note dated 11/18/2013 reported the patient continued to complain of persistent low back, bilateral hips, and leg pain. The patient underwent left ankle and left foot reconstruction on 09/06/2013. The physician was unable to assess the left lower extremity due to a cast being in place. A lumbar spine range of motion examination was not done of the last clinical visit. There was noted decreased pin/light touch sensation to right leg in L5-S1 distributions. Range of motion to right knee was noted at 0-90 degrees. There was positive crepitus, peripatellar swelling, and tenderness at the medial meniscus. MRI of lumbar spine was recommended as well as additional acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x Wk x 6 Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: California MTUS guidelines state the recommended number of physical therapy visits for the patient's condition is up to 10 visits. The patient has already received an unspecified number of therapy sessions and the requested amount of therapy exceeds that which is recommended by California MTUS. There is also no specification of what physical therapy is being requested. Without the knowledge of the number of physical therapy treatments already received and what the requested physical therapy is for, I am unable to determine if any additional physical therapy is medically necessary. As such, the request for physical therapy 2 x Wk x 6 Wks is non-certified.

EMG NCV of lumbar and bilateral LE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: California MTUS ACOEM states special diagnostic testing is recommended when unequivocal objective findings that identify specific nerve compromise on the neurologic examination are present, as this is sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. EMG studies are not warranted when radiculopathy is already clinically obvious. The patient had an EMG study on 07/18/2013 which revealed normal study. The patient's symptoms have not changed, they have been the same since prior to the previous EMG. There is no objective clinical documentation to support the necessity for an EMG NCV of lumbar and bilateral lower extremities at this time. The request for EMG NCV of lumbar and bilateral lower extremities is non-certified.