

Case Number:	CM13-0044529		
Date Assigned:	12/27/2013	Date of Injury:	09/18/2001
Decision Date:	02/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/30/2013

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 Occupational Medicine, 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:

Claimant is a 71 year old male with date of injury 9/18/10. Per a progress note dated 9/23/13, the claimant complained of lumbar spine aching and soreness, as well as bilateral knee aching and soreness with sharp pain. On exam the right knee was tender to palpation and there was pain with range of motion. Diagnoses include status post right total knee replacement, and right carpal tunnel syndrome. The treatment plan includes urine toxicology test for evaluation of medication intake, request for authorization of EMG/NCV of the bilateral upper extremities and right knee brace (custom medical unloader) for instability. The claimant is to remain off work until 10/28/13. An agreed medical exam dated 10/10/13 reports diagnoses: 1) status post total right knee replacement arthroplasty, 2) status post total right hip arthroplasty, 3) left knee osteoarthritis, 4) lumbar spine osteoarthritis with nerve root irritation and radiculopathy, 5) cervical spine osteoarthritis with radiculopathy, 6) carpal tunnel syndrome bilaterally, and 7) obesity. The right knee is most painful area in his body. He can bear weight for five minutes before rest. The claimant has severe cervical spine stenosis and spinal cord irritation producing upper motor neuron irritation, increased reflexes, and peripheral nerve sensory aberration of both fingertips. He lacks two point discrimination at 5mm. He has superimposed symptoms of median nerve irritation. He does have upper motor neuron irritation in the cervical spine area.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Per ACOEM Guidelines, "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." Table 8-8 states that EMG is recommended to "clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection" and is not recommended "for diagnosis of nerve root involvement if findings of history, physical exam, and imaging study are consistent." In regards to carpal tunnel syndrome, the ACOEM Guidelines state that "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." The claimant has well defined diagnoses based on history, examination, and prior imaging studies. The use of EMG does not appear to aid in diagnosis or assist in any treatment options. There is no explanation by the requesting provider why EMG is necessary in the planned treatment of the claimant. The request for EMG of the bilateral upper extremities is determined to not be medically necessary.

The request for NCV of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Per ACOEM Guidelines, "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." In regards to carpal tunnel syndrome, the ACOEM Guidelines state that "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS). . ." The claimant has well defined diagnoses based on history, examination, and prior imaging studies. The use of NCV does not appear to aid in diagnosis or assist in any treatment options. There is no explanation by the requesting provider why NCV is necessary in

the planned treatment of the claimant. The request for NCV of the bilateral upper extremities is determined to not be medically necessary.

The request for a right knee brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: Per the ACOEM Guidelines, "activities and postures that increase stress on a structurally damaged knee tend to aggravate symptoms. Patients with acute ligament tears, strains, or meniscus damage of the knee can often perform only limited squatting and working under load during the first few weeks after return to work. Patients with prepatellar bursitis should avoid kneeling. Patients with any type of knee injury or disorder will find prolonged standing and walking to be difficult, but return to modified-duty work is extremely desirable to maintain activities and prevent debilitation. A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." The claimant has significant right knee pain, and per the agreed medical examination, should be considered for another knee replacement surgery. The claimant is able to walk without a cane, but is able to tolerate walking better with a cane; he is able to walk for about 5 minutes before needing to rest. A brace is not likely to alter the claimant's medical condition; however it may add to his confidence and improve his overall level of function. The request for a right knee brace is determined to be medically necessary.