

Case Number:	CM13-0049614		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2013
Decision Date:	02/28/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/08/2013

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 Emergency Medicine and is licensed to practice in New York. 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 49-year-old male who was injured on March 26, 2013 when he fell 15 feet from a forklift. The patient complained of left knee pain and neck pain. CT of the cervical spine done on the day of injury showed mild compression fractures of C5 and C6 which were felt to be old or subacute. The patient was discharged in stable condition. He continued to experience pain in his neck, lumbar spine with radiation into both legs, and left knee. Diagnoses included left knee contusion, cervical disc herniation, and lumbar disc herniation. Physical examination on September 17, 2013 showed lumbar paraspinal tenderness and positive straight leg raise. Left knee examination showed decreased range of motion. The patient had had two left knee MRI's prior to the visit. MRI of the left knee, done May 20, 2013 showed lateral meniscus tear. Requests for MRI of the left knee and EMG/NCV of the bilateral upper and lower extremities were submitted on September 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, MRI's.

Decision rationale: The patient had a left knee MRI on May 20, 2013, which showed left meniscal tear. There was no new injury or trauma to the knee after the day of injury. Repeat knee MRI's are indicated post-surgically if there is a need to assess knee cartilage repair tissue. That is not the case here. Medical necessity has not been established.

EMG/NCV 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, Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Electromyography (EMG) is recommended as an option (needle, not surface) for low back complaints. EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. In neck and upper back EMG is recommended (needle, not surface) as an option in selected cases. There is no documentation, in this case, of symptomatology consistent with cervical radiculopathy. The patient did have complaint of back pain radiating into both legs but the path or lower extremity radiation is not defined. The physical examination lacks any documentation for lower extremity sensory for motor or sensory deficit. Medical necessity for EMG is not established. In patients with neck complaints NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. NCV are not recommended for low back complaints. Systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In this case NCV is not recommended for the lower extremities unless EMG is equivocal. EMG is not recommended and therefore, NCV is not recommended.