

Case Number:	CM13-0057671		
Date Assigned:	12/30/2013	Date of Injury:	11/19/2012
Decision Date:	06/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 expert 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 injured worker is a 29-year-old female who reported an injury on 11/19/2012. The mechanism of injury was not provided for review. The injured worker reported sustained an injury to her knee and had associated hypertension and depression related to her industrial injury. The injured worker's treatment history included medications, knee immobilization, knee corticosteroid injections, a prior right knee meniscectomy and activity modification. The injured worker's most recent clinical evaluation dated 09/17/2013 documented that the injured worker recently underwent a knee arthroscopy on 04/24/2013, followed by 3 Supartz injections. The injured worker's pain level was described as a 3/10. Physical exam findings included limited range of motion of the right knee described as 0 degrees in extension and 120 degrees in flexion and a normal weight-bearing gait pattern. The injured worker's neurological assessment documented a normal sensory examination, only mild weakness in the quadriceps and normal deep tendon reflexes. The injured worker was again evaluated on 10/24/2013. It was documented that the injured worker had an antalgic gait with tenderness to the right knee joint and swelling. The injured worker's range of motion was described as 0 degrees to 180 degrees with right-sided quadriceps weakness. The injured worker's diagnoses included status post a right meniscal repair with residual pain, hypertension secondary to pain, depression and sleep difficulties secondary to chronic pain. The injured worker's treatment plan included electrodiagnostic studies of the bilateral lower extremities, referral to internal medicine physician for hypertension, referral to an orthopedic physician for right knee surgery, referral for a sleep study and referral for a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The American College of Occupational and Environmental Medicine recommends electrodiagnostic studies for focused neurological deficits that cannot clearly be associated with a pain generator. The clinical documentation submitted for review did not provide any evidence of neurological deficits that would support the need for electrodiagnostic studies. Additionally, there is no specification within the documentation to support how an electrodiagnostic study would contribute to the injured worker's treatment plan. As such, the requested EMG/NCV of the bilateral lower extremities is not medically necessary or appropriate.

PHYSICAL THERAPY FOR THE RIGHT KNEE (16 SESSIONS): Upheld

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

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has previously participated in extensive physical therapy over the life of the injury. The California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the injured worker is currently participating in an independent home exercise program. Therefore, 1 to 2 visits would be appropriate to reassess and re-educate the injured worker in the home exercise program. However, the requested 16 visits are considered excessive. Additionally, the California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits for body parts with myalgia and myositis. The clinical documentation does not provide any justification to support extending treatment beyond the guideline recommendations. As such, the requested physical therapy 2 times a week for 8 weeks is not medically necessary or appropriate.