

Case Number:	CM13-0060403		
Date Assigned:	12/30/2013	Date of Injury:	11/15/2008
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery 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 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 claimant is a 33-year-old female injured in a work-related accident on November 15, 2008. A June 7, 2013, clinical assessment identified degenerative changes to the claimant's left knee, for which treatment with viscosupplementation injections or total knee arthroplasty was discussed. The records noted that the claimant underwent a left knee arthroscopy in 2009; no reference was made to prior surgery of the low back. Additional clinical records available for review include a September 6, 2013 clinical PR2 report indicating ongoing complaints of left knee pain and low back pain, constant in nature with radiating left lower extremity pain and tingling. Objective findings showed tenderness to the lumbar spine with no documentation of neurologic findings. Treatment with prior conservative measures is not documented. A report of an MRI scan of the lumbar spine dated October 4, 2013 showed disc desiccation at L5-S1 with no evidence of acute nerve root involvement. The requests addressed in this review include bilateral EMG/NCS of the lower extremities, an MRI of the lumbar spine, a home exercise kit for the low back, an interferential stim unit, a heat/cold therapy pack, a functional capacity evaluation and use of a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: According to California ACOEM Guidelines, electrodiagnostic studies of the claimant's lower extremities would not be indicated. While the claimant is noted to have chronic complaints of low back pain, there is no indication of acute neurologic finding on examination that would establish the need for electrodiagnostic testing. Given the absence of neurologic findings, this request would not be supported as medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: According to California ACOEM Guidelines, an MRI of the lumbar spine would not be indicated. An MRI scan dated October 2013 showed no acute pathology. The results of this recent scan, coupled with the lack of documentation of neurologic or other significant symptoms upon physical examination, would make the requested MRI medically unnecessary.

HOME EXERCISE KIT FOR LOW BACK: Upheld

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

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

Decision rationale: California ACOEM Guidelines do not provide criteria on the medical necessity of home exercise kits. According to Official Disability Guidelines, the use of this durable medical equipment for the claimant's low back would not be indicated. The reviewed records do not indicate why the claimant would be unable to perform aggressive home exercises independently or what specific benefit would be derived from a kit that couldn't be achieved through generalized core strengthening and weight-bearing exercises. For those reasons, this requested would not be supported as medically necessary.

STIM UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118, 120.

Decision rationale: California MTUS Chronic Pain Guidelines would not support treatment with an interferential stimulator device in this case. The reviewed records do not document the use of other forms of treatment to manage the claimant's back pain. The isolated use of interferential stimulation at this chronic stage would not be supported as medically indicated.

HEAT/COLD PACKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines.

Decision rationale: California ACOEM Guidelines recommend the topical use of cold therapy in the acute setting. This claimant's complaints are chronic in nature. Therefore, this request would not be supported as medically necessary.

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: MTUS Guidelines would not support the role of a functional capacity evaluation (FCE) in this case. The records available for review do not document that the claimant has reached maximum medical improvement or been unsuccessful in prior returns to work. Absent that information, this request would not be indicated as necessary.

CANE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NON-MTUS

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

Decision rationale: California MTUS Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, the use of an ambulatory device would not be indicated in this case. While the reviewed records document continued lumbar complaints, there

is no indication of motor weakness or gait disturbance. In the absence of those factors, the use of a cane would not be medically indicated.