

Case Number:	CM13-0063275		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2001
Decision Date:	04/11/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 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:

This is a 48 year old male patient with a reported injury on 10/11/2001. The mechanism of injury was not provided. On 11/11/2013, the patient presented complaining of pain and rated it 7/10 in the left knee and low back, left greater than right, and pain rated 5/10 in the right knee and cervical spine with bilateral upper extremities symptoms. Pain was described as burning and there was weakness left knee and lower extremity. Objectively, there was noted increased pain sensitivity in the left knee, as well as increased sensitivity above and below the knee. There was more pain in the right leg with ambulation. The treating physician stated the lumbar examination had essentially changed, but did not indicate what those changes were. Diagnosis was left lumbar radiculopathy status post left knee arthroscopic meniscectomy on 09/20/2012 and cervical myofascial pain. The request is for an EMG/NCV of the bilateral lower extremities to rule out a diagnosis of early sympathetically-maintained pain syndrome. The treatment plan was for the patient to continue narcotic analgesics, pain management, and home exercise program for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY 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 MTUS Chronic Pain Guidelines state, "Passive therapy provides short term relief during the early phases of pain treatment and active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. A home exercise program is recommended." A physical therapy progress note dated 03/06/2013 reports the patient continued to feel some weakness in his left knee, but range of motion had increased. There was continued work on strengthening and flexibility exercises followed by massage. It was noted there was slow improvement. Also, there was reported decreased stiffness, but the patient still continued to experience pain. The MTUS Chronic Pain Guidelines do recommend physical therapy for the treatment of pain and postsurgical treatment for meniscectomy is recommended at 12 visits over 12 weeks. The documentation submitted for review indicates the patient has completed 9 therapy visits to date from 11/15/2013 and 01/21/2014. The request for 12 additional visits would exceed the MTUS Chronic Pain Guidelines' recommended total number of visits. The request is not medically necessary and appropriate.

1 EMG/NCV OF THE BILATERAL 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, section on Nerve conduction studies (NCS)

Decision rationale: The ACOEM Guidelines state, "Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Lumbar radiculopathy had been established resulting in surgery and the patient had undergone conservative care. The ACOEM Guidelines indicate EMGs are useful in identifying neurologic dysfunction in patients with low back symptoms. Given the documentation submitted for review did not provide information to support the need for an EMG and indicate any significant neurological deficits, the request is not medically necessary and appropriate. Regarding NCVs, the Official Disability Guidelines state, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. (Charles, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The documentation submitted did not provide

information to support and indicate any significant neurological and functional deficits and the Official Disability Guidelines state NCVs are not recommended if radiculopathy has already been determined. As such, the request is not medically necessary and appropriate.