

<b>Case Number:</b>	CM13-0064730		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/11/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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:

50 year old female with reported industrial injury 3/11/12. Patient is status post knee replacement April 12th 2013. Exam note 10/1/13 reports patient with continued knee pain. Request is made for EMG/NCV testing and MD referral for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MD REFERRAL FOR MEDICATIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

**Decision rationale:** According to the CA MTUS/ACOEM, page 79, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." In this case the exam note from 10/1/13 does not demonstrate adequate rationale why an MD referral for medication is required. Therefore the determination is for not medically necessary.

**EMG OF THE RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states "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. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings from 10/1/13. There is no documentation nerve root dysfunction. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate and is not medically necessary.

**NCV OF THE RIGHT LOWER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states "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. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings from 10/1/13. There is no documentation nerve root dysfunction. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate and is not medically necessary.

**PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT KNEE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** In this case the claimant is status post knee arthroplasty on 4/12/13. Per the CA MTUS Post Surgical Treatment Guidelines 24 visits are authorized over a 4 month period. In this case the request is outside the recommended guidelines and therefore the determination is for not medically necessary.

**FUNCTIONAL CAPACITY EVALUATION FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) - Special Studies And Diagnostic And Treatment Considerations and Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity evaluation.

**Decision rationale:** The California MTUS does not specifically address functional capacity evaluations. According to the ODG criteria, consideration of an FCE occurs if "Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts." In this case it is unclear if the claimant has had unsuccessful attempts at return to work or if the claimant is approaching maximal medical improvement. Therefore the determination is for not medically necessary.

**MRI OF THE RIGHT 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 (ODG), Knee & Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

**Decision rationale:** According to the CA MTUS/ACOEM guidelines special studies such as MRI should be obtained only after clinical criteria has been satisfied. There is no documentation in the exam note from 10/1/13 to support the cited guideline criteria for an MRI of the knee. Therefore the determination is for not medically necessary.