

<b>Case Number:</b>	CM13-0071016		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation 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 patient is an employee of [REDACTED] and has submitted a claim for status post total knee arthroplasty, right; left knee strain/sprain, degenerative joint disease; cervical spine strain/sprain, rule out herniated cervical disc with radiculitis/radiculopathy; and lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/ radiculopathy, associated with an industrial injury date of July 8, 2010. Treatment to date has included oral and topical analgesics, Hyalgan injections to the left knee, right total knee arthroplasty, and physical therapy. Medical records from 2012 to 2013 were reviewed and showed persistent bilateral knee pain, left greater than the right, along with a popping sensation in the left knee during walking. The patient also complains of increased pain in the neck, left shoulder and lower back. Physical examination showed tenderness over the medial aspect of the left knee and decreased left knee mobility. The diagnoses include status post total knee arthroplasty (3/20/2013), right; left knee strain/sprain, degenerative joint disease; cervical spine strain/sprain, rule out herniated cervical disc with radiculitis/radiculopathy; and lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/ radiculopathy. The patient has moderate osteoarthritis of the left knee due to overuse secondary to right total knee replacement. The patient has undergone 24 physical therapy sessions after the right knee surgery. An updated EMG/NCS of the bilateral upper and lower extremities and MRI of the cervical spine, lumbar spine, and left shoulder were requested as the prior studies are more than a year old; and also due to complaints of increased and worsening pain in the neck and back with increased radicular symptoms. Utilization review dated December 20, 2013 denied the request for EMG/NCS of the bilateral upper and lower extremities because there is no medical history or physical examination showing evidence of neurological deficits; and no documentation of motor weakness, muscle atrophy, dermatomal sensory deficit, and abnormal deep tendon reflexes. The requests for MRI of the cervical,

lumbar, and left shoulder were denied due to no documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings objective findings that identify specific nerve compromise on neurologic examination; failure to respond to treatment; and consideration of surgery. The request for 12 additional sessions of physiotherapy was also denied because the medical history and examination do not provide sufficient details to support another course of physical therapy; the deficits to be addressed, measurable goals, and a reasonable timetable to reach these goals were also not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **EMG/NCS OF THE BILATERAL UPPER/LOWER EXTREMITIES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EMG/NCS, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303,537. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Chapter, Electrodiagnostic studies; Low Back Chapter, Nerve Conduction Studies.

**Decision rationale:** As stated on page 303 & 537 of the ACOEM Low Back and Neck & Upper Back Guidelines referenced by CA MTUS, respectively, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with neck, arm, and low back symptoms lasting more than three to four weeks. The ACOEM Forearm, Wrist, and Hand Complaints Chapter, Special Studies and Diagnostic and Treatment Considerations, state that appropriate electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. These include nerve conduction studies, or in more difficult cases, electromyography may be helpful. The ODG Forearm, Wrist & Hand chapter states that electrodiagnostic studies are recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. However in the management of spine trauma with radicular symptoms, the ODG Low Back Chapter states that 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. In this case, the patient complains of increased pain in the neck, left shoulder and lower back, along with persistent bilateral knee pain. An updated EMG and NCS of the bilateral upper and lower extremities were requested, as the prior studies are more than a year old. However the most recent progress reports did not show any subjective complaints of radiculopathy, as well as no physical examination findings that would show signs of radiculopathy. It was unclear as to why an EMG/NCS of the bilateral upper and lower extremities were requested when the documents did not show any focal neurologic dysfunction to suspect nerve injury. The medical necessity has not been established. Therefore, the request for EMG/NCS of the Bilateral Upper/Lower Extremities is not medically necessary.

#### **MRI OF THE CERVICAL SPINE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** As stated on pages 179-180 of CA MTUS ACOEM Practice Guidelines, imaging studies are supported for red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. It is further noted that physiologic evidence may be in the form of definitive neurologic findings on physical examination, or electrodiagnostic studies. In this case, an updated MRI of the cervical spine was being requested due to complaints of increased and worsening pain in the neck; however, there were no pain scales that would support the increasing severity of the neck pain. The records also did not show subjective or objective findings of neurologic dysfunction and red flag conditions that would warrant a repeat MRI. Furthermore, there was no discussion regarding the need to clarify anatomy for a contemplated invasive procedure and there was no mention of failure of progression in a strengthening program. The medical necessity has not been established. Therefore, the request for MRI of the cervical spine is not medically necessary.

**MRI OF THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** As stated on page 303-304 of the ACOEM Low Back Guidelines referenced by CA MTUS, imaging of the lumbar spine is supported in patients with unequivocal objective findings that identify specific nerve compromise on the neurologic examination, and who do not respond to treatment, and who are in consideration for surgery. In this case, an updated MRI of the lumbar spine was being requested due to complaints of increased and worsening low back pain; however, there were no pain scales that would support the increasing severity of the low back pain. The records also did not show subjective or objective findings of neurologic dysfunction and red flag conditions that would warrant a repeat MRI. Furthermore, there was no discussion regarding the need to clarify anatomy for a contemplated invasive procedure and there was no mention of failure of progression in a strengthening program. The medical necessity has not been established. Therefore, the request for MRI of the lumbar spine is not medically necessary.

**MRI OF THE LEFT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**Decision rationale:** As stated on page 208-209 of the ACOEM Practice Guidelines referenced by CA MTUS, criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program; and clarification of the anatomy prior to an invasive procedure. In this case, an updated MRI of the left shoulder was being requested due to complaints of increased and worsening left shoulder pain; however, there were no pain scales that would support the increasing severity of the left shoulder pain. The records also did not show subjective or objective findings of neurologic dysfunction and red flag conditions that would warrant a repeat MRI. Furthermore, there was no discussion regarding the need to clarify anatomy for a contemplated invasive procedure and there was no mention of failure of progression in a strengthening program. The medical necessity has not been established. Therefore, the request for MRI of the left shoulder is not medically necessary.

**12 ADDITIONAL SESSIONS OF PHYSIOTHERAPY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 98-99.

**Decision rationale:** Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient complains of increased pain in the neck, left shoulder, bilateral and lower back. The documents show that the patient had undergone 24 physical therapy sessions after her right knee surgery on March 2013. However, there was no evidence of overall pain improvement and functional gains from the said treatment. Moreover, the functional goals, body part to be treated and deficits to be addressed were not mentioned. There is no clear indication for an additional course of physical therapy. Therefore, the request for 12 additional sessions of physiotherapy is not medically necessary.