

<b>Case Number:</b>	CM14-0003108		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Occupational Medicine, 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 a [REDACTED] employee who has filed a claim for sprain of bilateral knees, elbows, and back associated with an industrial injury sustained on August 05, 2013. Thus far, the patient has been treated with NSAIDs, opioids, muscle relaxants, physical therapy, acupuncture, and right knee and elbow elastic supports. A review of the progress notes reports moderate pain in the low and mid back, left elbow, and right knee with locking. Low back pain radiates down the bilateral thighs, left greater than right until above the right knee. Findings include diffuse tenderness over the lumbar region and facets from L4 to S1 with slightly decreased range of motion, and positive Kemp's test bilaterally. With regards to the left knee, there was positive patellar compression test. The patient's gait was wide-based, with difficulty performing heel-toe walk. A lumbar MRI performed November 6, 2013 showed a 2.8-mm disk bulge at L3-4 mildly pressing on the thecal sac. An MRI of the thoracic spine was unremarkable. An MRI of the right knee showed medial intrasubstance degeneration. EMG/NCS of the upper extremities performed December 12, 2013 was normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAPHY(EMG)OF BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8, 178

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , ELBOW DISORDERS, 238

**Decision rationale:** As stated on page 238 of the ACOEM Guidelines, criteria for EMG of the upper extremities include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. A previous utilization review dated December 05, 2013 authorized EMG/NCV of the left upper extremity. There is already an EMG/NCV of the bilateral upper extremities performed on December 12, 2013, which showed normal results. The latest progress notes do not indicate symptoms or findings regarding the upper extremities. There is no indication for a repeat diagnostic study at this time. As such, the request is not medically necessary.

**NERVE CONDUCTION VELOCITY (NCV) OF BILATERAL UPPER EXTREMITIES:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8, 178

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , ELBOW DISORDERS, 238

**Decision rationale:** As stated on page 238 of the ACOEM Guidelines, criteria for NCV of the upper extremities include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. A previous utilization review dated December 05, 2013 authorized EMG/NCV of the left upper extremity. There is already an EMG/NCV of the bilateral upper extremities performed on December 12, 2013, which showed normal results. The latest progress notes do not indicate symptoms or findings regarding the upper extremities. There is no indication for a repeat diagnostic study at this time. As such, the request is not medically necessary.

**ADDITIONAL 6 ACUPUNCTURE TREATMENTS FOR MID AND LOW BACK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , PAIN, SUFFERING, AND THE RESTORATION OF FUNCTION , 114

**Decision rationale:** As stated on page 114 of the ACOEM and in the Acupuncture Medical Treatment Guidelines, treatments may be extended if functional improvement is documented. In this case, the patient has had a previous course of acupuncture which provided some relief of pain. However, there is no documentation regarding objective functional improvements to support additional acupuncture treatments at this time. As such, the request is not medically necessary.

**ADDITIONAL 4 PHYSICAL THERAPY TREATMENTS FOR RIGHT KNEE AND LEFT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , , 98-99

**Decision rationale:** Pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, the patient has had previous course of physical therapy, which provided some relief of pain. There is no documentation regarding objective functional benefits, or of current deficits and expected functional gains with additional physical therapy sessions. As such, the request is not medically necessary.

**MRI OF THE LEFT ELBOW:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 10, 238

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California ACOEM/MTUS does not address this topic, so the Official Disability Guidelines (ODG) were consulted instead. According to the ODG, MRIs are recommended for chronic elbow pain with non-diagnostic plain films suspicious for intra-articular osteocartilaginous body, occult injury, unstable osteochondral injury, nerve entrapment or mass, chronic epicondylitis, collateral ligament tear, and biceps tendon tear and/or bursitis. A repeat MRI is recommended for significant changes in symptoms or findings suggestive of significant pathology. In this case, the patient presents with elbow pain and tenderness with findings suggestive of ulnar neuritis. Electrodiagnostic studies from December 2013 were normal. At this time, there is no suspicion for the abovementioned conditions. As such, the request is not medically necessary.