MAXIMUS Federal Services

Case Number:	CM14-0005836		
Date Assigned:	02/07/2014	Date of Injury:	07/31/2013
Decision Date:	08/21/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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:

This is a 47 year-old male who has reported multifocal pain after an injury on July 31, 2013. He was seen acutely for this injury, and painful body parts were imaged. There was no evidence of significant trauma or symptoms in the wrist or knee. There are results of CT scans of the head, neck, thoracic spine, abdomen, and pelvis. Radiographs of the wrist were performed on 8/7/13, and elbow radiographs were performed on 8/14/13 and 10/24/13. The wrist radiographs were normal and the elbow radiographs showed minor degenerative change and olecranon bursa swelling. After receiving care at an occupational medicine clinic, the injured worker began seeing another physician on 11/19/13. At that visit, the injured worker was reporting pain in the back, right elbow, right wrist, right knee, and left foot. No neurological symptoms were described. The specific course of injury, duration of pain, response to treatment, and prior test results for each of the painful areas was not discussed. Tenderness was present at the elbow, wrist, knee, foot, and back. No neurological deficits were noted. Range of motion of the back was painful. Straight leg raising was negative. Strength was stated to be 4/5 in the right upper and lower extremities, with no further details given. The diagnoses were of multiple strains. The treatment plan included medications, electrodiagnostic testing of the right leg due to weakness, MRIs of the spine, radiographs of the elbow, wrist, knee, and foot; TENS, and physical therapy. On December 28, 2013 Utilization Review non-certified radiographs of the right knee, right elbow, and left foot; EMGs of both lower extremities and the purchase of a TENS unit. The lack of specific indications was noted, and the MTUS was cited to support the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (ELECTROMYOGRAPHY) FOR BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: There are no reports from the prescribing physician which adequately present the neurologic findings leading to medical necessity for EDx. Non-specific weakness is not an adequate basis for performance of EMG or NCV, particularly when there are no neurological symptoms. Medical necessity for electrodiagnostic testing is established by a clinical presentation with a sufficient degree of neurologic signs and symptoms to warrant such tests. Non-specific, non-dermatomal extremity symptoms are not sufficient alone to justify electrodiagnostic testing. Based on the available clinical information, there are no neurologic abnormalities and no specific neurologic symptoms. The MTUS recommends electrodiagnostic testing when there is a need clarify nerve root dysfunction. There is no evidence of nerve root dysfunction in this case. Based on the current clinical information, the request for EMG (electromyography) for bilateral lower extremities is not medically necessary.

X-RAYS FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The updated ACOEM Guidelines for the elbow, page 33, recommend imaging studies after at least 4 weeks of conservative care without improvement. Imaging is not indicated unless it is likely to change the treatment plan and if there is evidence of significant pathology. In this case, there have been two prior elbow radiographic studies, neither of which showed significant pathology. The treating physician did not address the results of these studies. The treating physician did not provide current evidence of significant pathology or evidence of a significant change since the last radiographs were performed. In general, patients do not require imaging studies unless there is lack of improvement and there is sufficient evidence of a possible surgical lesion. X-rays of the elbow are not medically necessary based on the MTUS, lack of signs of significant pathology, and the two prior studies.

TENS UNIT PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The MTUS for Chronic Pain lists the indications for TENS, which are primarily neuropathic pain, a condition not present in this patient. Other recommendations, including specific components of the treatment plan, are listed in the MTUS. There has been no trial of a TENS unit according to the recommendations in the MTUS. Given the lack of clear indications in this patient (primary reason), and the lack of any clinical trial or treatment plan per the MTUS (secondary reason), a TENS unit purchase is not medically necessary.

X-RAYS FOR LEFT FOOT.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The ACOEM Guidelines, pages 372-4, discuss the criteria for imaging of the ankle and foot. Unless red flag conditions or signs of serious pathology, special studies are not needed unless there has been a period of conservative care for one month. Such a course of care was not discussed or presented. The ACOEM Guidelines Pages 372-377 discuss imaging tests for ankle problems. Radiographs are indicated for significant acute trauma. No evidence of such trauma was evident acutely and the treating physician did not discuss the specific nature of any trauma to the foot. Routine radiographs are "Not Recommended", page 377, for ankle injuries or soft tissue diagnoses. The necessary components of the ankle exam are not present, see pages 362-8 of the ACOEM Guidelines. The patient currently has non-specific regional pain, which is not a good basis for performing imaging. The treating physician has not provided sufficient evidence in support of likely intra-articular pathology or the other conditions listed in the MTUS. The X-rays for the left foot are not medically necessary based on the MTUS.

X-RAYS FOR RIGHT KNEE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 332-335, 341, 343, 344-345, 347.

Decision rationale: Per the ACOEM Guidelines page 341, special studies are not needed to evaluate most knee conditions until after a period of conservative care and observation. The treating physician has not addressed the specific treatment for the knee to date, and the results of that treatment (if any). The specific nature of the original injury was not discussed. The course of the knee symptoms was not discussed. The original injury reports did not mention the knee. Page 343 notes that MRI is the test of choice for usual soft tissue pathology. The necessary components of the knee exam are not present, see pages 332-335 of the ACOEM Guidelines.

Based on the MTUS and lack of specific indications, X-rays for the right knee are not medically necessary.