

Case Number:	CM14-0007587		
Date Assigned:	02/07/2014	Date of Injury:	09/16/2013
Decision Date:	07/11/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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 65-year-old female who has filed a claim for right knee sprain associated with an industrial injury date of September 06, 2013. Review of progress notes indicates right knee pain worsening throughout the day, mostly on the medial side. The pain travels to the toes. Patient also reports occasional left hand pain, radiating to the pinky finger. Findings of the right knee include effusion, slightly decreased range of motion, slight tenderness over the medial joint line, and mild pain to patellofemoral joint grind testing. Regarding the left hand, findings include tenderness over the distal radioulnar joint, decreased grip strength and decreased range of motion. There are positive Tinel's and Phalen's signs and abnormal two-point discrimination of the left median/ulnar nerve distribution. Patient reports improvement of symptoms with physical therapy and steroid injection. Patient is working with modified duties. Right knee x-ray dated September 20, 2013 showed degenerative changes and decreased medial joint space. Left wrist x-ray was normal. MRI of the left wrist dated January 22, 2014 showed subchondral cyst/erosion at lunate. MRI of the right knee showed degenerative arthritis, chronic tear of the medial meniscus, myxoid degeneration of the lateral meniscus, small effusion with fluid extending into the suprapatellar bursa, and patella with lateral subluxation. Treatment to date has included opioids, physical therapy, and right knee cortisone injection. Utilization review from January 07, 2014 denied the requests for MRI of the left wrist, MRI of the right knee, and EMG/NCV of the bilateral upper extremities, as there is no documentation regarding trial and failure of non-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LEFT WRIST: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 254. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand chapter, MRIs (magnetic resonance imaging).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for wrist magnetic resonance imaging (MRI) include normal radiographs and acute hand or wrist trauma or chronic wrist pain with a suspicion for a specific pathology. Official Disability Guidelines (ODG) indications for MRI include acute hand or wrist trauma, suspicious of acute distal radius fracture, scaphoid fracture, or gamekeeper injury with normal radiographs; chronic wrist pain suspicious of soft tissue tumor or Kienbeck's disease with normal plain films. In this case, left wrist x-ray was normal. The patient presented with signs and symptoms strongly suggestive of carpal tunnel syndrome. The medical necessity for MRI was established for further investigation. Therefore, the request for MRI of the left wrist was medically necessary.

MRI OF THE 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): 335-336. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, MRIs (magnetic resonance imaging).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) recommends magnetic resonance imaging (MRI) for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, or to determine extent of anterior cruciate ligament tear preoperatively. According to Official Disability Guidelines (ODG), knee MRIs are recommended in patients with acute trauma to the knee or with suspicion of posterior knee dislocation or ligament or cartilage destruction; non-traumatic knee pain with initial non diagnostic radiographs with anterior patellofemoral symptoms and suspicion of internal derangement, or with normal findings or joint effusion and suspicion of internal derangement; or nontraumatic knee pain with initial radiographs demonstrating evidence of internal derangement. In this case, the patient presents with findings and radiographs consistent with degenerative changes of the knee. There are no physical examination findings that suggest internal derangement or damage to the ligaments of the knee. Therefore, the request for MRI of the right knee was not medically necessary.

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Electromyography (EMG).

Decision rationale: As stated on page 238 of the American College of Occupational and Environmental Medicine (ACOEM) Elbow Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), criteria for Electromyography (EMG) and Nerve Conduction Velocity (NCV) Studies of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Official Disability Guidelines (ODG) states that electromyography findings may not be predictive of surgical outcome and cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. EMG may be helpful for patients with double crush phenomenon, possible metabolic pathology such as with diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the patient presents with findings suggestive of carpal tunnel syndrome on the left. There are no findings to support an EMG for the right upper extremity. Also, there is no documentation regarding conservative management strategies such as splinting in this patient. Therefore, the request for EMG of the bilateral upper extremities was not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Nerve conduction studies (NCS).

Decision rationale: As stated on page 238 of the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Elbow Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), criteria for electromyography (EMG) and nerve conduction velocity (NCV) studies of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. Official Disability Guidelines (ODG) states that nerve conduction studies are not recommended to demonstrate radiculopathy if it has already been clearly identified by EMG and obvious clinical signs. It is recommended if EMG does not show clear radiculopathy, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when symptoms are presumed to be due to radiculopathy. In this case, patient presents with findings suggestive of left carpal tunnel syndrome. There are no findings to support an NCV for the right upper extremity. Also,

there is no documentation regarding conservative management strategies such as splinting in this patient. Therefore, the request for NCV of the bilateral upper extremities was not medically necessary.