

Case Number:	CM14-0009847		
Date Assigned:	02/21/2014	Date of Injury:	01/14/2013
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 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:

The injured worker is a 60 year old male injured on 01/14/13 when he was struck in the left leg and knee by a falling door developing numbness and pain in his left leg, knee, and left hand. The injured worker was initially treated with bracing, thumb splint, and physical therapy with eventual left knee surgery on 04/30/13. The documentation indicates the injured worker continues to complain of dull aching pain in the wrists, hand, fingers which is present continuously aggravated by gripping, grasping, flexion and extension of the hand. The injured worker indicates his pain level varies throughout the day depending on activities and he has difficulty sleeping and is awakened with numbness and tingling. Examination of the left knee reveals continuous dull aching pain in the left knee, shocking sensations, swelling, buckling, and weakness of the knee resulting in loss of balance, clicking, cracking, and popping in the knee, and difficulty sleeping due to pain. Physical examination reveals tenderness over the distal radius and left carpals, Finkelstein test was positive on the left, Phalen and reverse Phalen tests were positive on the left, toe and heel walk with left knee pain, patella crepitus and tenderness is noted with firm compression of the left knee, medial and lateral joint line tenderness of the left knee, and McMurray's test was positive on the left. Current diagnoses include left wrist tendonitis and left knee tendonitis status post ACL repair with arthroscopy. Current medications include Tylenol. The clinical note dated 01/17/14 indicates the injured worker presented with complaints of dull throbbing pain in addition to occasional swelling and clicking/catching. It is noted the injured worker has failed conservative treatment and is now a candidate for arthroscopic surgery and ACL reconstruction. The initial request for EMG of the bilateral lower extremities, NCV bilateral lower extremities, functional capacity evaluation, and Prilosec 20mg #90 was initially non-certified on 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER 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 12 , (LOW BACK COMPLAINTS), 303

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Online Version, Low Back Complaints, Electromyography.

Decision rationale: As noted in the Low Back chapter of the Official Disability Guidelines, Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a injured worker is presumed to have symptoms on the basis of radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The clinical documentation failed to provide objective findings suggestive of radiculopathy. It appears the injured worker's symptoms are related to his previous knee injury. As such, the request for EMG Bilateral Lower Extremities cannot be recommended as medically necessary at this time.

NCV BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS)

Decision rationale: As noted in the Low Back chapter of the Official Disability Guidelines, Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a injured worker is presumed to have symptoms on the basis of radiculopathy. Recent studies demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. The clinical documentation failed to provide objective findings suggestive of radiculopathy. It appears the patient's symptoms are related to his previous knee injury. As such, the request for NCV Bilateral Lower Extremities cannot be recommended as medically necessary at this time.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: As noted in the Official Disability Guidelines, functional capacity evaluations are recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. The documentation indicates the injured worker is recommended further surgical intervention which indicates the injured worker is not going to be able to return to work in the near future. Additionally, there is not adequate documentation regarding the patient's prior attempts to return to work. As such, the request for functional capacity evaluation cannot be recommended as medically necessary at this time.

PRILOSEC 20 MG # 90: 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, NSAIDS, GI AND CARDIOVASCULAR RISKS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20 MG # 90 cannot be established as medically necessary.