

Case Number:	CM14-0010703		
Date Assigned:	02/21/2014	Date of Injury:	04/30/2013
Decision Date:	09/10/2014	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 Family Medicine and is licensed to practice in Utah. 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 52 year-old male. The patient's date of injury is 4/30/2013. The mechanism of injury was the patient loading a truck of boxed furniture, when a heavy box fell on him. The patient has been diagnosed with left knee sprain and lumbar spine strain/sprain. The patient's treatments have included surgical intervention, and medications. The physical exam findings, dated Nov 27, 2013 shows the patient had tenderness to palpation with spasm of the paraspinals and bilateral upper trapezius. He is also noted to be tender over the spinous process of C7. It is noted he has hyperthetia bilaterally, in a glove like pattern. He is noted to have a positive sitting root test. He is noted with a positive compression, Spurling and Distraction test of the c-spine. Reflexes in the lower extremities are reported as equal and symmetrical. His knee exam showed a positive McMurray's sign. It is not stated which medications that the patient is currently taking in the progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NVC bilateral upper extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The current request is for EMG/NVC of the bilateral upper extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. MTUS guidelines state the following: EMG may be useful if the back/neck pain is lasting more than four weeks. It is also noted that the patient had pain that radiates to the forearm. On physical exam it is noted that he hypesthesia bilaterally in the hands in a glove like pattern. He is also noted with a positive compression test. There is clinical documentation for indication of EMG testing. The EMG/NVC is indicated as a medical necessity at this time.

EMG/NCV bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

Decision rationale: The current request is for EMG/NVC of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. There is documentation of lower extremity neuropathy. The patient reports numbness and tingling sensation in the left leg and ankle. He is also noted to have hypesthesia to the thigh. There is clinical documentation for indication of EMG testing. The EMG/NVC is indicated as a medical necessity at this time.

MRI lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-305.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the lumbar spine. There is documentation of lower extremity neuropathy. The patient reports numbness and tingling sensation in the left leg and ankle. He is also noted to have hypesthesia to the thigh. There is clinical documentation for indication of MRI testing as the cause of the neuropathy is not known. MRI of the lumbar spine is indicated as a medical necessity to the patient at this time.

X-ray left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 348.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for X-ray of the Left knee. She has a positive McMurray's Sign and medial tenderness. According to the MTUS guidelines, these finding would warrant a plain film x-ray. According to the clinical documentation provided and current MTUS guidelines; X-ray of the left knee is indicated as a medical necessity to the patient at this time.

CT scan cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for X-ray of the Left knee. She has a positive McMurray's Sign and medial tenderness. According to the MTUS guidelines, these finding would warrant a plain film x-ray. According to the clinical documentation provided and current MTUS guidelines; X-ray of the left knee is indicated as a medical necessity to the patient at this time.

Lumbar spine support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for lumbar support. MTUS guidelines state the following: physical support for lumbar is not recommended. The request as written above is not indicated as a medical necessity to the patient at this time.

Left knee brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a knee brace. MTUS guidelines

state the following: Immobilization is recommended for the knee for a short period of immobilization after an acute injury to relieve symptoms. According to the clinical documentation provided and current MTUS guidelines; a knee brace is indicated as a medical necessity to the patient at this time.

Computerized tracker ROM and muscle testing: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Computerized Tracker ROM and Muscle testing. At this time it is unclear what the ROM is specifically for, which injury and body part. The request is not specific. According to the clinical documentation provided and current MTUS guidelines; Computerized Tracker ROM and Muscle testing is not indicated as a medical necessity to the patient at this time.

Acupuncture; two times per week for six weeks (2x6):: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for 12 sessions of Acupuncture. MTUS guidelines state the following: Time to produce functional improvement: 3 to 6 treatments. The current request exceeds the recommended amount of visits. According to the clinical documentation provided and current MTUS guidelines; the request as is for acupuncture is not indicated as a medical necessity to the patient at this time.

Chiropractic treatment with physiotherapy and myofascial release and functional restoration program; two times per week for six weeks (2x6):: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-315.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Chiropractic treatment, as stated above x 12. MTUS guidelines state the following: six sessions of chiropractic intervention are recommended. The current request exceeds the recommended amount of sessions. According

to the clinical documentation provided and current MTUS guidelines; the request for Chiropractic treatment, as stated above x 12 - is not indicated as a medical necessity to the patient at this time.