

Case Number:	CM14-0011565		
Date Assigned:	02/21/2014	Date of Injury:	10/28/2008
Decision Date:	06/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 49-year-old male with date of injury of 10/28/08. The listed diagnoses per [REDACTED] are traumatic injury of the right lower extremity, status post surgery and skin grafting, right knee meniscal tear, status post right knee arthroscopy, recurrent right knee pain, and lumbar strain, rule out disk herniation. According to the progress report, the patient complains of intermittent pain in his right knee. He has clicking and popping in his right knee. He rates his knee pain at 8/10. He has difficulty standing and walking for a prolonged period of time. He is unable to kneel and squat. He has difficulty ascending and descending stairs and walks with an uneven gait. His pain level varies throughout the day depending on activities. The patient also complains of right ankle pain with radiation towards the right foot. He has cramping, numbness, and tingling at the right foot. He rates his foot pain at 7/10. His pain worsens when he flexes, extends, or rotates his foot/ankle. The examination of the right knee shows no evidence of edema, bruise, atrophy, discoloration, abrasion, or laceration. There is evidence of extensive scarring with skin graft about the right leg. Palpation of the medial joint line reveals tenderness. McMurray's and patellofemoral grind tests were positive. Muscle strength was 4/5 on flexion and extension. Inspection of the right ankle reveals swelling on the right lateral leg. In the same report, the treating physician mentions an x-ray of the right knee dated 12/19/13 showing proximal fibular resection with medial compartment joint spaces narrowing of about 3 mm. There was patellar baja as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES ARTHROGRAM OF RIGHT KNEE: Overturned

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) ODG Guideline Knee under MR arthrography Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative art

Decision rationale: The Official Disability Guidelines state that MR arthrogram for the knee is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear, for meniscal repair or for meniscal resection of more than 25%. The x-ray of the right knee dated 12/19/13 showed a previous proximal fibular lateral resection with medial compartment joint space narrowing of about 3mm with patellar baja. The report dated 12/19/13 notes that the patient reports difficulty standing and walking for a prolonged period of time including losing his balance at times. He is unable to kneel and squat and has continued difficulty ascending and descending stairs, and walks with an uneven gait. The treating physician also reports that the patient has undergone a right knee arthroscopy with no improvement. He remains significantly symptomatic. There are mild degenerative changes. An MR arthrogram of the right knee was recommended to rule out recurrent or new meniscal tear that may benefit from further arthroscopy. In this case, the patient continues to have persistent symptoms in right knee and an MR arthrogram is reasonable post-operative option to verify a suspected tear. As such, the request is medically necessary.

ELECTROMYOGRAPHIC / NERVE CONDUCTING VELOCITY STUDY OF BILATERAL LOWER EXTREMITIES.: Overturned

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 ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, low back chapter online, (http://www.odg-twc.com/odgtwc/low_back.htm#ProcedureSummary) Nerve conduction studies (NCS) Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall

Decision rationale: The ACOEM Guidelines page 303 states that electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. In addition, the Official Disability Guidelines state that NCV is not recommended, as there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The review of records show that the patient had an EMG/NCV back in 2009. The progress report dated 12/19/13 notes that sensation was decreased on the right side and normal on the left side in the L5 and S1 muscle groups. Straight leg raise test was positive bilaterally. There was also tenderness palpated in the lumbar spine. In this case, the patient continues to present with persistent pain in his right knee, leg, and low back. He has failed physical therapy and continues to have pain with neurological findings in his low back. Since his prior EMG/NCV was from 2009, an updated EMG/NCV study is reasonable to evaluate possible additional pathology. As such, the request is medically necessary.