

Case Number:	CM14-0013591		
Date Assigned:	02/26/2014	Date of Injury:	05/01/2012
Decision Date:	07/23/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/03/2014

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 & Rehabilitation 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:

Patient is a 54-year-old male who has submitted a claim for bilateral knee internal derangement, left knee lateral / medial meniscus tear, bilateral knee sprain / strain, and right knee medial meniscus tear associated with an industrial injury date of 05/01/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of bilateral knee pain described as dull, achy, and sharp. Aggravating factors included standing, walking, bending, kneeling, and squatting. Physical examination of bilateral knees revealed tenderness, painful range of motion, with positive McMurray's. Right knee flexion measured 125 degrees. X-ray of the left knee, undated, showed bone-on-bone with hypertrophic changes on the intercondylar spines and medial tibial joint surface at the medial compartment. X-ray of the right knee, undated, showed 1mm of medial clearance with hypertrophic spurring of the medial tibial plateau and intercondylar notch; cystic defect 4mm inferior to the intercondylar notch. Treatment to date has included physical therapy, use of a TENS unit, Utilization review from 01/20/2014 denied the requests for initial functional capacity evaluation because there was no evidence of imminent attempt to return to work with specific job requirements; bilateral knee magnetic resonance imaging due to unknown reason for its long-lasting pain; bilateral knee braces, electromyography of the bilateral lower extremities, nerve conduction velocity studies of the right lower extremity, and nerve conduction velocity studies of the lower extremity due to lack of documented rationale. The request for physical therapy quantity 12.00 was modified into 6 visits for therapeutic trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QUANTITY 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient underwent an unknown number of physical therapy sessions with undocumented functional outcomes. The indication for extending physical therapy has not been established at this time. Moreover, the request failed to specify the body part to be treated. Therefore, the request for physical therapy quantity 12.00 is not medically necessary.

INITIAL FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139; Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation.

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The FCE should not be performed if the worker has not returned to work and an ergonomic assessment has not been arranged. In this case, patient worked in the production line at a bakery. He started working in 2002 and last worked on 11/07/2012 when he was deemed a status of temporary total disability. However, there is no documented indication for this request. There is no evidence that the patient has attempted to return to work. The medical necessity was not established. Therefore, the request for initial functional capacity evaluation is not medically necessary.

BILATERAL KNEE MAGNETIC RESONANCE IMAGING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Algorithm 13-1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, MRI.

Decision rationale: As stated on the Knee Chapter of ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended 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 ACL tear preoperatively. In addition, ODG criteria include significant trauma to the knee, suspect dislocation; nontraumatic knee pain and initial plain radiographs either nondiagnostic or suggesting internal derangement. In this case, patient complained of bilateral knee pain with documented restricted with painful range of motion, tenderness, and positive McMurray's sign. However, a report from 7/2/2013 revealed intact ligaments, without laxity of both knees. Recent progress reports failed to document knee instability. There were no complaints of locking or giving way episodes. Moreover, X-ray of both knees, revealed hypertrophic scarring. Guideline criteria were not met. Therefore, the request MRI OF bilateral knees is not medically necessary.

BILATERAL KNEE BRACES: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that patients with knee osteoarthritis can be treated with a brace or orthosis. In this case, patient complained of persistent bilateral knee pain despite physical therapy. Objective findings showed tenderness, limited and painful range of motion, with positive McMurray's sign. X-rays showed hypertrophic changes. MRI of both knees on 1/14/14 showed meniscus tear and osteoarthritis. The medical necessity for bracing was established due to documented presence of osteoarthritis. Therefore, the request for bilateral knee braces is medically necessary.

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, medical records submitted for review failed to document subjective complaints of back pain or lower extremity radiculopathy. There was no comprehensive neurologic examination available to support the necessity of this request. Therefore, the request for electromyography (EMG) of bilateral lower extremities is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES OF THE RIGHT LOWER EXTREMITY: 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 chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, medical records submitted for review failed to document subjective complaints of back pain or lower extremity radiculopathy. There was no comprehensive neurologic examination available to support the necessity of this request. Therefore, the request for nerve conduction velocity (NCV) study of the right lower extremity is not medically necessary.

NERVE CONDUCTION VELOCITY STUDIES OF THE LOWER EXTREMITY: Upheld

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

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, medical records submitted for review failed to document subjective complaints of back pain or lower extremity radiculopathy. There was no comprehensive neurologic

examination available to support the necessity of this request. Therefore, the request for nerve conduction velocity (NCV) study of the lower extremity is not medically necessary.