

Case Number:	CM14-0017140		
Date Assigned:	04/14/2014	Date of Injury:	04/23/2013
Decision Date:	06/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/11/2014

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 claimant is a 54-year-old gentleman who injured in a work related accident on April 23, 2013. He was involved in a motor vehicle accident sustaining multiple orthopedic injuries. There were noted complaints of neck pain, low back pain, and shoulder pain as well as knee complaints. Specific to the left knee, there is documentation of a prior June 7, 2013 left knee arthroscopy, partial medial meniscectomy and synovectomy. A follow-up report of October 18, 2013 indicates continued neck pain with radiating left upper extremity complaints and continued left shoulder pain. This individual is also with continued left knee pain at that time. Physical examination to the cervical spine showed tenderness to palpation with positive left sided cervical compression. The shoulder was with tenderness to the AC joint and over the greater trochanter with no documentation of neurologic findings noted. The left knee was with a +1 effusion, 0 to 95 degrees range of motion, positive medial McMurray's test and no instability. Recommendations at that time were for upper extremity electrodiagnostic testing as well as a repeat knee arthroscopy for further meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Based on California ACOEM Guidelines, electrodiagnostic testing of the bilateral upper extremities not have been indicated. While it appears the tests ultimately took place in January of 2014, pretesting assessment failed to demonstrate any acute radicular process. The lack of acute radicular findings or neurologic findings on examination would fail to support the need for electrodiagnostic testing.

NCV BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

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

Decision rationale: Based on California ACOEM Guidelines, electrodiagnostic testing of the bilateral upper extremities not have been indicated. While it appears the tests ultimately took place in January of 2014, pretesting assessment failed to demonstrate any acute radicular process. The lack of acute radicular findings or neurologic findings on examination would fail to support the need for electrodiagnostic testing.

LEFT KNEE SURGERY, ARTHROSCOPY, PARTIAL MENISCUS RESECTION VERSUS REPAIR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

Decision rationale: California ACOEM Guidelines would not indicate the role of further surgery for the claimant's left knee. This individual has already undergone previous medial meniscectomy, supported by preoperative MRI. While the claimant continues to be symptomatic with medial symptoms, there is no documentation of postoperative imaging for review supportive of recurrent meniscal tearing. The need for further surgery in this individual would not be supported.