

Case Number:	CM14-0148430		
Date Assigned:	10/17/2014	Date of Injury:	04/28/2013
Decision Date:	12/08/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational Medicine 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:

This is a 61-year-old female with a 4/28/13 date of injury. The mechanism of injury occurred when the patient slipped and fell at work. According to a progress report dated 8/7/14, the patient complained of left knee pain. She is status post left knee arthroscopy with partial medial and lateral meniscectomies, performed on 3/31/14. The patient's medication regimen consists of Ibuprofen and Tylenol #3. Objective findings: tenderness to palpation over region of well healed surgical ports, tenderness to palpation over medial and lateral joint lines, decreased range of motion of left knee. Diagnostic impression: left knee joint pain, history of knee surgery. Treatment to date includes medication management, activity modification, physical therapy, and status post left knee arthroscopy with partial medial and lateral meniscectomies 3/31/14, cortisone injection. A UR decision dated 8/18/14 denied the requests for physical therapy, EMG/NCV of bilateral lower extremities, EMG/NCV of bilateral upper extremities, urine drug screening, MRA of the left knee, cardio-respiratory autonomic function assessment, FCE, X-ray of lumbar spine, MRI of lumbar spine, MRI of left ankle, and lumbar back brace. Regarding physical therapy, it is not documented if the patient has had prior physical therapy for the left knee, the patient is post-operative from an unspecified knee surgery at an unspecified date, and there is insufficient information to determine if physical therapy is currently medically necessary. Regarding EMG/NCV of bilateral lower extremities and bilateral upper extremities, there is no documentation of neurologic abnormalities. Regarding urine drug screen, the patient's current medications are not documented. Regarding MRA of left knee, details of prior knee surgery were not provided. Regarding cardio-respiratory autonomic function assessment, there is no documentation of cardiac or pulmonary disease or symptoms. Regarding FCE, submitted documentation provides very limited information regarding the patient's functional status and attempts to return to work. Regarding X-ray of lumbar spine, there are no documented

indications for imaging of the lumbar spine. Regarding MRI of lumbar spine, limited information is provided regarding the patient's history of low back pain, plain radiographs are not documented, and neurological abnormalities are not documented. Regarding MRI left ankle, plain films of the left ankle have not been obtained. Regarding lumbar back brace, the duration of back pain is not documented and more than one year has passed since the date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Knee Meniscectomy.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, this patient is status post left knee arthroscopy with partial medial and lateral meniscectomies on 3/31/14. There is documentation that the patient has had prior post-surgical physical therapy. MTUS Guidelines support up to 12 visits with a 6 month postsurgical physical medicine treatment period. An additional 12 sessions would exceed guideline recommendations. Therefore, the request for physical therapy for the left knee three times a week for four weeks is not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - EMG/NCV

Decision rationale: The California MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the

basis of radiculopathy. However, in the present case, there are no objective signs documented that suggest radiculopathy or neuropathy of the lower extremities. In addition, there is no documentation that the patient has failed conservative therapy. Therefore, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

EMG/NCV of the bilateral upper extremities: 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), Neck & Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, in the present case, there are no objective signs documented that suggest radiculopathy or neuropathy of the upper extremities. In addition, there is no documentation that the patient has failed conservative therapy. Therefore, the request for EMG/NCV of the bilateral upper extremities is not medically necessary.

Urine drug screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77-80, and 94.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 222-238, Chronic Pain Treatment Guidelines Drug Testing; Urine Testing in Ongoing Opiate Management Page(s): 43;78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In the present case, it is noted that the patient is currently taking the opioid medication, Tylenol #3. Guidelines support urine drug screens to monitor for compliance and aberrant behavior in patients utilizing chronic opioid therapy. However, the number of urine drug screens requested was not noted. Therefore, the request for Urine drug screening, as submitted, is not medically necessary.

MRA of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347, Chronic Pain Treatment Guidelines Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter - MRA; Other Medical Treatment Guideline or Medical Evidence: Peer-reviewed Literature (MR Arthrography of the Knee)

Decision rationale: Official Disability Guidelines states that MRA significantly increases accuracy in the diagnosis of meniscal re-tear, as is seen in cases in which there has been a meniscal resection of more than 25% or after meniscal suturing. Also, in the evaluation of osteochondritis dissecans, the addition of intra-articular contrast has proved beneficial. In the present case, this patient is status post left knee arthroscopy with partial medial and lateral meniscectomies on 3/31/14. However, there is no documentation of the details of her previous knee surgery. There is no documentation of a suspected postoperative meniscal residual or recurrent tear. The medical necessity of an MRA of the left knee has not been established. Therefore, the request for MRA of the left knee is not medically necessary.

Cardio-respiratory autonomic function assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/16464634> - Assessment of cardiovascular autonomic function

Decision rationale: The California MTUS and Official Disability Guidelines do not address this issue. According to an online search, autonomic assessment has played an important role in elucidating the role of the autonomic nervous system in diverse clinical and research settings. The techniques most widely used in the clinical setting entail the measurement of an end-organ response to a physiological provocation. The non-invasive measures of cardiovascular parasympathetic function involve the analysis of heart rate variability while the measures of cardiovascular sympathetic function assess the blood pressure response to physiological stimuli. However, in the present case, there is no documentation of autonomic dysfunction. There is no documentation of any symptoms or disorders of the cardiovascular or pulmonary systems. A specific rationale as to why this procedure is required in this patient was not provided. Therefore, the request for Cardio-respiratory autonomic function assessment is not medically necessary.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 132-139 and Official Disability Guidelines (ODG) Fitness for Duty - FCE

Decision rationale: The California MTUS states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. In addition, Official Disability Guidelines states that an FCE should be considered when case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job), injuries that require detailed exploration of a worker's abilities, timing is appropriate (Close to or at MMI/all key medical reports secured), and additional/secondary conditions have been clarified. However, in the reports provided for review, there is no documentation regarding the patient's work status. There is no documentation of the patient's work description and what type of activity level is required at work. In addition, there is no description of the patient wanting to return to work at this time or that she has had difficulty returning to work. Therefore, the request for Functional capacity evaluation (FCE) is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305,Chronic Pain Treatment Guidelines Low Back Complaints.

Decision rationale: The California MTUS states that lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, in the present case, there is no documentation of low back complaints. A specific rationale as to why a lumbar spine x ray is required in this patient was not provided. Therefore, the request for X-ray of the lumbar spine is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304,Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

Decision rationale: The California MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, in the present case, there is no documentation of low back complaints in the reports provided for review. There is no documentation of subjective complaints or neurological findings of the lumbar spine. In addition, there is no discussion regarding prior imaging. Therefore, the request for MRI of the lumbar spine is not medically necessary.

MRI of the left ankle: 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), Ankle & Foot Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: The California MTUS states that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In addition, Official Disability Guidelines states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, plain films normal. However, in this case, there were no recent plain film radiographs provided for review. In addition, there was no discussion or rationale as to how the MRI study would affect the treatment plan. Therefore, the request for MRI of the left ankle is not medically necessary.

Lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: The California MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief; however, Official Disability Guidelines states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, in the present case, there is no discussion regarding the patient's low back pain. Guidelines only support the use of lumbar supports in the acute phase of injury,

and this patient's date of injury is 4/28/13. The medical necessity for a lumbar back brace has not been established. Therefore, the request for Lumbar back brace is not medically necessary.