

Case Number:	CM14-0154195		
Date Assigned:	09/23/2014	Date of Injury:	11/11/2012
Decision Date:	10/29/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Texas and Ohio. 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 injured worker is a 61-year-old female who reported an injury on 11/11/2012. The mechanism of injury was a fall. The diagnoses included a herniated nucleus pulposus, lumbar spine, with disc extrusions at L1-2, L3-4, and L5-S1 with facet arthrosis, status post left knee scope, and right hip sprain/strain. The past treatments included physical therapy. A MRI of the lumbar spine, dated 04/26/2013, revealed left L1-2 disc extrusion, degenerative disc disease at multiple levels, annular tears at L3-4 and L4-5 without disc protrusion or spinal stenosis, and mild lower lumbar facet arthrosis without foraminal encroachment. A MRI of the left knee, dated 04/24/2013, revealed horizontal cleavage tear involving the entire posterior horn of the medial meniscus and grade 1 to 2 chondromalacia patella. The surgical history noted a left knee arthroscopy on 11/16/2013, with postoperative physical therapy. The progress note, dated 07/29/2014, noted the injured worker complained of left knee pain, and low back pain radiating to her bilateral legs. The physical examination noted restricted and painful range of motion of the left knee, and tenderness over the medial and lateral joint line. The medications were not included. The treatment plan requested EMG/nerve conduction test of the bilateral lower extremities, continued physical therapy for the low back and left knee, Terocin patches, and an ultrasound guided Hyalgan injection times 4 to the left knee for alleviation of pain and discomfort. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) to 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 Knee Chapter, Special Studies and Diagnostic and Treatment Considerations pages 303-305, 309 Needle EMG and H-Reflex Tests

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310..

Decision rationale: The request for Electromyogram (EMG) to Bilateral Lower Extremities is not medically necessary. The injured worker complained of low back pain radiating to her bilateral legs. There was no physical examination noted regarding the lumbar spine. The MRI, dated 04/26/2013, revealed herniated nucleus pulposus of the lumbar spine with disc extrusion at L1-2, L3-4, and L5-S1, with facet arthrosis. The California MTUS/ACOEM Guidelines note nerve conduction study and possibly EMG may be recommended if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. The guidelines note EMG for clinically obvious radiculopathy is not recommended. The Official Disability Guidelines note the use of NCV in the lower extremities is not recommended. The injured worker had no evidence of neurological deficit to the lower extremities. There were no objective concerns related to the lower extremities. The physical examination was not provided. There is no indication of nerve entrapment. There is a lack of documentation of failure to respond to previous treatments. An EMG of the bilateral lower extremities is not indicated at this time. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) to 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 Knee Chapter, Special Studies and Diagnostic and Treatment Considerations pages 303-305, 309

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305 & 308-310.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Nerve conduction studies (NCS).

Decision rationale: The request for Nerve Conduction Velocity (NCV) to Bilateral Lower Extremities is not medically necessary. The injured worker complained of low back pain radiating to her bilateral legs. There was no physical examination noted regarding the lumbar spine. The MRI, dated 04/26/2013, revealed herniated nucleus pulposus of the lumbar spine with disc extrusion at L1-2, L3-4, and L5-S1, with facet arthrosis. The California MTUS/ACOEM Guidelines note nerve conduction study and possibly EMG may be recommended if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. The guidelines note EMG for clinically obvious radiculopathy is not recommended. The Official Disability Guidelines note the use of NCV in the lower extremities is not recommended. The injured worker had no evidence of neurological deficit to the lower extremities. There were no objective concerns related to the

lower extremities. The physical examination was not provided. There is no indication of nerve entrapment. There is no indication that the electrodiagnostic studies are being performed to assess for peripheral neuropathies, which would indicate the need for an NCV. An NCV of the lower extremities is not indicated at this time. Therefore, the request is not medically necessary.

Ultrasound Guided Hyalgan Injections Times 4 to Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee Chapter, Hyaluronic Acid Injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Hyaluronic acid injections.

Decision rationale: The decision for Ultrasound Guided Hyalgan Injections Times 4 to Left Knee is not medically necessary. The injured worker had left knee pain, status post left knee arthroscopy in 11/2013, for a left knee meniscal tear and chondromalacia. The left knee MRI, dated 04/24/2013, noted a meniscal tear, and grade 1 to 2 chondromalacia patella. The Official Disability Guidelines recommend Hyalgan injections as a possible option for severe osteoarthritis only, and may be used to potentially delay total knee replacement for younger patients. The criteria for use includes significantly symptomatic osteoarthritis which has not responded adequately to the recommended conservative treatments, documentation of symptomatic severe osteoarthritis of the knee, with pain that interferes with functional activities, and failure to adequately respond to injection of intra-articular steroids. Hyaluronic acid injections are not recommended for any other indication. There was no indication that the injured worker had osteoarthritis of the knee. There was no indication of bony enlargement, crepitus, or morning stiffness of the knee. There was no indication of interference with functional activities. There was no indication of a trial of intra-articular steroid injections. The use of Hyalgan injection for the left knee is not indicated or supported at this time. Therefore, the request is not medically necessary.