

Case Number:	CM14-0157414		
Date Assigned:	09/30/2014	Date of Injury:	01/21/2014
Decision Date:	11/25/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 30 year old with an injury date on 1/21/04. The patient complains of left lateral ankle pain and bilateral knee pain with instability after a fall injury per 8/16/14 report. The patient has failed conservative treatment but is not interested in surgical intervention per 6/4/14 report. Based on the 8/16/14 progress report provided by [REDACTED] the diagnoses are sprain/strain ankle; sprain/strain ankle, tibiofibular (ligament) distal; and sprain/strain unspecified site. Exam on 8/16/14 showed "left ankle limited range of motion, mild diffuse swelling. Right knee range of motion was 0-140, left knee range of motion was 0-140. Tenderness to palpation medial joint line greater than lateral joint line patella. Gait: slow guarded limp. [REDACTED] is requesting functional capacity evaluation, cardio/respiratory autonomic function assessment, electrocardiogram, electromyogram of the bilateral lower extremities, nerve conduction velocity study of the bilateral lower extremities, medication consultation with win management specialist, x-rays of bilateral knees, physical therapy three times per week for four weeks, x-rays of the left ankle, spirometry, pulmonary function test, pulmonary stress test, overnight sleep disorder breathing respiratory study, pulse oximetry during overnight sleep study, and nasal function slides during overnight study. The utilization review determination being challenged is dated 9/4/14 and denies the consultation due to the most recent report being 5 months old and lack of documentation, and denies the ankle/knee x-rays due to a lack of clear functional deficits. [REDACTED] is the requesting provider, and he provided treatment reports from 4/1/14 to 8/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Fitness for Duty Procedure Summary (last updated 03/26/14), Functional Capacity Evaluation

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) functional capacity evaluation: ACOEM: 2nd Edition, (2004) Chapter 7, page 137-138

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for functional capacity evaluation. Regarding functional capacity evaluations, MTUS is silent, but ACOEM does not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstances and only if it is crucial. It can be ordered if asked by administrator or the employer as well. In this case, the provider does not indicate any special circumstances that would require a functional capacity evaluation. Routine FCE's is not supported by the guidelines. Therefore, this request 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 <http://www.mayoclinic.org/medicalprofs/autonomic-testing-applications.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Policy Bulletin: Autonomic Testing/Sudomotor Tests: Number: 0485

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for cardio/respiratory autonomic function assessment. Aetna considers autonomic testing such as quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, and thermoregulatory sweat test (TST) medically necessary for use as a diagnostic tool for any of the following conditions/disorders: Multiple system atrophy, Pure autonomic failure, Reflex sympathetic dystrophy or causalgia (sympathetically maintained pain), and Sjogren's syndrome. Aetna considers autonomic testing experimental and investigational for all other indications (e.g., chronic fatigue syndrome/myalgic encephalomyelitis, postural tachycardia syndrome, Raynaud phenomenon, and predicting foot ulcers) because its effectiveness for indications other than the ones listed above has not been established. In this case, the patient does not present with any of the diagnoses that Aetna lists for the indication of autonomic testing. The requested cardio/respiratory autonomic function assessment is not medically necessary. Therefore, this request is not medically necessary.

Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Braunwald's Heart Disease- A textbook of Cardiovascular Medicine, 9th Edition, Chapter 13 Electrocardiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NIH.gov, Electrocardiogram

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for electrocardiogram on According to National Institutes of Health, EKGs are used to detect and study many heart problems, such as heart attacks, arrhythmias and heart failure. The test's results also can suggest other disorders that affect heart function. In this case, the patient does present with any diagnosis regarding cardiovascular condition, and physical exam does not indicate any abnormalities in that regard. The patient is not interested in any surgical interventions. The provider does not provide a useful discussion regarding the requested EKG. Therefore, this request is not medically necessary.

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Clin Podiatry, 1984 Aug; 1(2):279-90. Electro diagnosis and nerve conduction studies. Posuniak EA (last updated 08/01/1984)

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

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for electromyogram of the bilateral lower extremities. Regarding electrodiagnostic studies of lower extremities, ACOEM page 303 supports EMG and H-reflex tests to determine subtle and focal neurologic deficit. The review of the records does not show prior EMG/NCV studies. In this case, the provider has asked for EMG lower extremities but there is no diagnosis or exam findings suggesting radiculopathy. The patient does not present with back pain and the provider does not discuss any other concerns such as myopathy. The requested EMG of bilateral lower extremities is not medically necessary at this time. Therefore, this request is not medically necessary.

Nerve conduction velocity study of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Clin Podiatry, 1984 Aug; 1(2):279-90. Electro diagnosis and nerve conduction studies. Posuniak EA (last updated 08/01/1984)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366, 367.

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for nerve conduction velocity study of the bilateral lower extremities. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex. Official Disability Guidelines does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient does not present with radicular symptoms and is not indicated for an NCV. The provider does not provide a useful discussion regarding the request. Therefore, this request is not medically necessary.

Medication consultation with pain management specialist: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for medication consultation with win management specialist. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient presents with chronic ankle and knee pain. A consultation with a pain management specialist has the potential to move this case forward. Therefore, this request is medically necessary.

X-rays of the bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Knee and Leg Procedure Summary (last updated 06/05/2014), Radiography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for x-rays of bilateral knees. Review of the reports does not show any evidence of x-rays of the knees being done in the past. Regarding special studies for the knee, ACOEM states are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical parameters for ordering knee radiographs following trauma in this population are: (1) Joint effusion within 24 hours of direct blow or fall, (2) Palpable tenderness over fibular head or patella, (3) Inability to walk (four steps) or bear weight immediately or within a week of the trauma and (4) Inability to flex knee to 90 degrees.

Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. In this case, the patient presents with continuing bilateral knee pain, and an X-ray is indicated. Therefore, this request is medically necessary.

Physical therapy three times per week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Ankle and Foot Procedure Summary (last updated 07/29/2014), Physical Medicine

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

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for physical therapy three times per week for four weeks. The patient requested 3 weeks of physical therapy at 3 times a week on 4/1/14 report. On 6/4/14, patient states no improvement from conservative treatment including physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has undergone 9 sessions of physical therapy without significant functional improvement. The requested 9 additional sessions are not indicated at this time. Therefore, this request is not medically necessary.

X-rays of the left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Ankle and Foot Procedure Summary (last updated 07/29/2014), Radiography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG: Ankle Chapter, Radiography

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for x-rays of the left ankle. Review of the reports does not show any evidence of x-rays of the ankle being done in the past. For ankle X-rays, Official Disability Guidelines recommends as indicated below. If a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. In this case, the patient has persistent ankle pain and is indicated for an X-ray. Therefore, this request is medically necessary.

Spirometry: 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-TWC), Pulmonary Procedure Summary (last updated 07/29/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under pulmonary chapter, "Initial evaluation of Asthma"

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for Spirometry. Spirometry, which is part of pulmonary function test, is used to demonstrate hyperactive airway physiology such as in asthma and chronic obstructive pulmonary disease (COPD) conditions. In this case, the provider does not explain why this test is needed. The patient presents with knee and ankle problems. There is no surgical planning. There are no pulmonary issues discussed. Therefore, this request is not medically necessary.

Pulmonary function test (PFT): 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-TWC), Pulmonary Procedure Summary (last updated 07/29/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary chapter, Pulmonary function testing

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for Pulmonary function test. A PFT consists of spirometry and tests of the lung volumes and the diffusing capacity for carbon monoxide. It is recommended for the diagnosis and management of chronic lung diseases and can provide estimates of prognosis. It is also recommended for pre-operative assessment of the pulmonary patient. In this patient, there are no diagnoses of chronic lung disease and the report indicates that the patient is not interested in a surgical intervention. Therefore, this request is not medically necessary.

Pulmonary stress test: 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-TWC), Pulmonary Procedure Summary (last updated 07/29/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Policy Bulletin, number 825 (http://www.aetna.com/cpb/medical/data/800_899/0825.html)

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for pulmonary stress test. A Pulmonary stress test or exercise test is not discussed in Official Disability Guidelines or MTUS. AETNA guidelines considers it medically

necessary as part of pulmonary function test for variety of medical conditions including development of exercise prescription as part of cardiac or pulmonary rehabilitation, differentiation of cardiac versus pulmonary limitations, evaluation of exercise capacity and response to therapy in congestive heart failure (CHF), functional evaluation of patients with COPD, etc. In this case, the provider does not discuss why this test is being requested. The patient does not present with any of the conditions that require pulmonary stress test. Therefore, this request is not medically necessary.

Overnight sleep disorder breathing respiratory study: 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-TWC), Pain Procedure Summary (last updated 04/10/2014), Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter; polysomnograph

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for overnight sleep disorder breathing respiratory study. Official Disability Guidelines states a polysomnograph is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In this case, the patient does not have a diagnosis of insomnia, and included documentation does not show patient has been unresponsive to alternative treatment for 6 months. The requested polysomnograph is not indicated at this time. Therefore, this request is not medically necessary.

Pulse oximetry during the overnight sleep study: 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-TWC), Pain Procedure Summary (last updated 04/10/2014), Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter; polysomnograph

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for pulse oximetry during overnight sleep study. Official Disability Guidelines states a polysomnograph is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In this case, the patient does not have a diagnosis of insomnia, and included documentation does not show patient has been unresponsive to alternative treatment for 6 months. As the polysomnograph is not indicated, neither is the pulse oximetry during sleep study. Therefore, this request is not medically necessary.

Nasal function slides during overnight study: 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-TWC), Pain Procedure Summary (last updated 04/10/2014), Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter; polysomnograph

Decision rationale: This patient presents with left ankle pain and bilateral knee pain. The provider has asked for nasal function slides during overnight sleep study. Official Disability Guidelines states a polysomnograph is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral

mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; & (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In this case, the patient does not have a diagnosis of insomnia, and included documentation does not show patient has been unresponsive to alternative treatment for 6 months. As the polysomnograph is not indicated, neither are the nasal function slides during sleep study. Therefore, this request is not medically necessary.