

Case Number:	CM14-0169074		
Date Assigned:	10/17/2014	Date of Injury:	09/12/2011
Decision Date:	11/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/14/2014

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 Orthopaedic Surgery and is licensed to practice in Texas. 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 54 year old female with a date of injury on 9/12/2011. The mechanism of injury was not documented. The treating diagnosis included adhesive capsulitis, radial styloid tenosynovitis, lumbago and unspecified knee/leg disorder. The 4/30/14 right upper extremity magnetic resonance imaging (MRI) documented a supraspinatus tear and degenerative arthritis of the right acromioclavicular joint. The 9/24/14 treating physician progress report cited increased right hand symptoms over the past 4 weeks with numbness, tingling, and increased pain over the carpometacarpal joint. The injured worker complained of frequent moderate bilateral knee pain with the left knee giving way. Lumbar pain was intermittent 8/10, radiating to the knee with left leg weakness and occasional numbness and tingling. Physical therapy reportedly did not help the knee pain. Acupuncture increased pain. Chiropractic treatment was continuing. Physical exam findings documented grimacing pain, morbid obesity, difficulty rising from sitting, and guarded stiff movements. Gait was antalgic and wide based. Lumbar exam documented tenderness and spasms, decreased left L5 sensation, and negative straight leg raise. Bilateral knee exam documented medial and lateral joint line tenderness with crepitus, limited range of motion, intact lower extremity motor strength, and negative McMurray's, ligament stress, and anterior/posterior drawer tests. The treatment plan recommended bilateral knee magnetic resonance imaging (MRIs) to rule-out meniscal tears, electromyography (EMG)/nerve conduction velocity (NCV) studies of the cervical spine and upper extremities to rule-out neuropathy, and electromyography (EMG)/nerve conduction velocity (NCV) of the bilateral lower extremities to rule-out neuropathy versus radiculopathy. A universal thumb splint was requested. The 10/6/14 utilization review denied the request for transportation to and from medical visits as there was no rationale to warrant the medical necessity of this request. There was no indication that the injured worker was unable to drive, use public transportation, or be

driven to and from medical visits by family or friends. The request for upper extremity electrodiagnostic studies was denied as there was no indication of neurologic dysfunction to establish the medical necessity of this request. The requests for bilateral knee magnetic resonance imaging (MRI) were denied as there was no indication that plain radiographs had been performed. The request for thumb splint was denied as there was no evidence of a thumb fracture or other rationale to support the medical necessity of this request. The request for lower extremity electromyography (EMG)/nerve conduction velocity (NCV) was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to and from medical visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Transportation (to and from appointments)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation (to & from appointments)

Decision rationale: The evidence based guidelines do not specifically address the medical necessity of transportation. Guidelines state that non-medical issues should be managed by the provider in the same way as a regular medical specialist referral, using a network of resources. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically-necessary transportation to appointments in the same community for injured workers with disabilities preventing them from self-transport. There is no documentation in the file to support the medical necessity of this request. There is no documentation that the injured worker has a disability preventing self-transport, using public transportation, or securing a ride. Therefore, this request is not medically necessary.

EMG/nerve conduction study, bilateral upper extremities and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178,182;261-262.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurological dysfunction in injured workers with neck or arm symptoms, or both, lasting more than three or four weeks. Electromyography (EMG)/nerve conduction velocity (NCV) studies are recommended if carpal tunnel syndrome is suspected. Guideline criteria have not been met. There is no clinical exam evidence of a focal, progressive or severe neurologic dysfunction or carpal tunnel syndrome at present. There is no

documentation of a specific dermatome or median nerve sensory deficit. Motor function is intact. Therefore, this request for bilateral upper extremity electromyography (EMG) is not medically necessary.

MRI left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343,347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging)

Decision rationale: The evidence based guidelines state that most knee problems improve quickly once any red-flag issues are ruled-out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The Official Disability Guidelines do not support the use of imaging for chronic adult knee pain unless initial radiographs are non-diagnostic or demonstrate evidence of internal derangement. Guideline criteria have not been met. There is no documentation in the available records that initial radiographs have been obtained. There is no clinical exam evidence of positive provocative testing. Therefore, this request is not medically necessary.

MRI right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg, MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343,347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging)

Decision rationale: The evidence based guidelines state that most knee problems improve quickly once any red-flag issues are ruled-out. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The Official Disability Guidelines do not support the use of imaging for chronic adult knee pain unless initial radiographs are non-diagnostic or demonstrate evidence of internal derangement. Guideline criteria have not been met. There is no documentation in the available records that initial radiographs have been obtained. There is no clinical exam evidence of positive provocative testing. Therefore, this request is not medically necessary.

Universal thumb o-prene: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264,272.

Decision rationale: The evidence based guidelines recommend the use of splinting as first-line conservative treatment for de Quervain's tenosynovitis to limit motion of the inflamed structures. Guideline criteria have not been met. The injured worker carries a diagnosis of radial styloid tenosynovitis but there is no current exam evidence to support this diagnosis. There was no rationale provided for the use of a thumb splint. Therefore, this request is not medically necessary.