

Case Number:	CM14-0174281		
Date Assigned:	10/28/2014	Date of Injury:	03/08/2007
Decision Date:	12/12/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 51-year-old female. The patient has chronic knee pain. MRI of the right knee from August 2012 shows grade 2 signal in the medial lateral menisci. This chondromalacia of the patella. Physical examination shows knee range of motion of 0 through 135. There is no documented instability on the examination. The patient has had conservative treatment including medication activity modification. At issue is whether knee arthroscopy is medically necessary. The patient also complains of low back left wrist pain. Physical examination shows reduced range of motion of the low back. Physical examination of the left wrist shows Tinel's and Phalen's are positive bilaterally in both wrists. Range of motion of both wrists is slightly diminished. Patient continues to have low back left wrist and knee pain. Also at issue is whether carpal tunnel surgery is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic examination of the right knee to rule out occult tear: 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)

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: MTUS knee pain chapter

Decision rationale: This patient does not meet established criteria for knee surgery. Specifically there is no documentation of an adequate trial and failure of conservative measures for knee pain. There is no documentation of pathology on imaging studies or physical examination that would warrant knee surgery at this time. Therefore the request is not medically necessary..

EMG/NCV of the upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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: MTUS hand pain chapter, ODG hand chapter

Decision rationale: The medical records do not document adequate trial and failure of conservative measures for possible carpal tunnel syndrome diagnosis. There is no documentation of splinting or carpal tunnel injection. The medical records do not document significant abnormal findings other than positive Tinel's and phalanx test on physical examination. No significant neurologic deficits are noted on physical examination. The request for neurophysiologic testing is not medically necessary.

Left carpal tunnel release: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: MTUS hand pain chapter

Decision rationale: Patient does not meet criteria for left carpal tunnel release surgery. Specifically the medical records do not document adequate trial and failure of conservative measures for carpal tunnel syndrome. There is no documentation of carpal tunnel injection, and no documentation of night splinting. The request is therefore not medically necessary.

Epidural injection of the lumbar spine at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: MTUS low back chapter pages 305-322

Decision rationale: This patient does not meet criteria for epidural steroid injection lumbar spine. Specifically there is no documentation of adequate trial and failure of conservative

measures for back pain to include physical therapy. More conservative measures are necessary. In addition medical records do not document radiculopathy on physical examination. Criteria for epidural steroid injection are not met. The request is not medically necessary.

DME: IF unit rental for a period of 5 months: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter

Decision rationale: ODG guidelines do not recommend the use of TENS unit for chronic low back pain. In addition the medical records do not document adequate trial and failure of first-line conservative measures to include physical therapy for the treatment of low back pain. Therefore the request is not medically necessary.