

Case Number:	CM14-0028510		
Date Assigned:	06/16/2014	Date of Injury:	01/15/2012
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 injured worker is a 53-year-old female who reported an injury on 01/15/2012. The mechanism of injury was not specifically stated. The current diagnoses include status post right distal humerus fracture requiring open reduction and internal fixation, right ulnar nerve injury, left 4th trigger finger, right upper extremity complex regional pain syndrome, reactive depression, weight gain, right shoulder adhesive capsulitis, right knee lateral meniscus tear, left lateral thigh pain, and left knee medial and lateral menisci changes. The injured worker was evaluated on 02/13/2014. The physical examination revealed full strength in the upper extremities, decreased sensation in the right ulnar nerve distribution, fixed flexion contracture of the right elbow, decreased left knee flexion, tenderness along the left knee lateral joint line, diffuse tenderness throughout the right knee, negative straight leg raising, negative instability, equivocal bilateral McMurray's maneuver, negative Allodynia, and minimal depression. The treatment recommendations at that time included authorization for bilateral knee intra-articular steroid injections, bilateral upper extremity EMG/NCV, an orthopedic referral, and continuation of home exercise and weight loss.

IMR ISSUES, DECISIONS AND RATIONALES

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

(B) KNEE INTRAARTICULAR STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Corticosteroid injections.

Decision rationale: The California MTUS ACOEM Practice Guidelines state invasive techniques such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections are not routinely indicated. The Official Disability Guidelines state intra-articular glucocorticosteroid injections are indicated for patients who experience symptomatic severe osteoarthritis of the knee. There should be evidence of a failure to respond to conservative treatment including exercise, NSAIDs, or acetaminophen. As per the documentation submitted, there was no objective evidence of bony enlargement, crepitus, ESR less than 40 mm/hr, less than 30 minutes of morning stiffness, or no palpable warmth of synovium. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.

ELECTROMYOGRAPHY (EMG) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6-week period of conservative care and observation. In cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms, electrical studies may be indicated. As per the documentation submitted, the injured worker's physical examination does reveal decreased sensation in the right ulnar distribution with a fixed flexion contracture of the right elbow. However, there is no mention of a significant musculoskeletal or neurological deficit with regard to the left upper extremity that would warrant the need for bilateral upper extremity testing. There is also no mention of an attempt at conservative treatment prior to the request for electrodiagnostic studies. Based on the clinical information received and the California MTUS ACOEM Practice Guidelines, the request is not medically necessary.

NERVE CONDUCTION STUDY (NCV) BILATERAL UPPER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 63.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The California MTUS ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6-week period of conservative care and observation. In cases of peripheral nerve impingement, if there is no improvement or a worsening of symptoms, electrical studies may be indicated. As per

the documentation submitted, the injured worker's physical examination does reveal decreased sensation in the right ulnar distribution with a fixed flexion contracture of the right elbow. However, there is no mention of a significant musculoskeletal or neurological deficit with regard to the left upper extremity that would warrant the need for bilateral upper extremity testing. There is also no mention of an attempt at conservative treatment prior to the request for electrodiagnostic studies. Based on the clinical information received and the California MTUS ACOEM Practice Guidelines, the request is not medically necessary.