

Case Number:	CM14-0034896		
Date Assigned:	06/23/2014	Date of Injury:	08/26/2010
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/20/2014

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 Alabama. 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 male who was injured on 08/26/2010. The mechanism of injury is unknown. The patient underwent a left arthroscopic subacromial decompression/rotator cuff repair June 2013. There is mention of a MRI of the right knee dated 02/17/2014 on orthopedic note that revealed medial meniscus tear and mild osteoarthopathy. There are no other exams for comparison nor any diagnostic studies for review. On orthopedic note dated 02/28/2014, the patient complained of left shoulder pain rated as 6/10; right shoulder pain rated as 5/10; right knee pain rated as 6/10; low back pain with right greater than left extremity symptoms with pain rated as 6/10 and right hip pain rated as 7/10. He reported his activities of daily living are maintained with medication and gives examples such as grocery shopping, basic household duties, bathing and grooming and provides him with the ability to perform reasonable activities and exercise. He takes hydrocodone 7.5 mg. On exam, he has tenderness in the right knee over the medial aspect. Positive McMurray's medially. He has crepitance with range of motion. His left shoulder and right shoulder are unchanged. Diagnoses are right knee medial meniscal tear and mild osteoarthopathy; status post left shoulder rotator cuff repair; and status post right shoulder arthroscopic subacromial decompression. It has been recommended the patient receive a MRI of the lumbar spine, EMG/NCV of the bilateral lower extremities, and 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: The CA MTUS does not adequately address the criteria for ordering an MRI. The ODG recommends the use of neuroimaging studies such as MRI of the lumbar spine for the evaluation of neurological deficits. The medical records document that the patient has back pain with some symptoms in the lower extremities. Further, the documents do not show any physical examination findings such as loss of sensation, strength or change in deep tendon reflexes, etc to support the medical necessity of MRI studies. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG./NCV.

Decision rationale: The ODG recommends the use of electrodiagnostic studies for the evaluation of neurological deficits. The medical records document that the patient has back pain with some symptoms in the lower extremities suggestive of radiculopathy. Further, the documents does not show any physical examination findings such as loss of sensation, strength or change in deep tendon reflexes, etc to support the medical necessity of electrodiagnostic studies.. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, EMG./NCV.

Decision rationale: The ODG recommends the use of electrodiagnostic studies for the evaluation of neurological deficits. The medical records document that the patient has back pain with some symptoms in the lower extremities suggestive of radiculopathy. Further, the documents does not show any physical examination findings such as loss of sensation, strength or change in deep tendon reflexes, etc to support the medical necessity of electrodiagnostic

studies.. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Physical therapy right knee x 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Knee & Leg.

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

Decision rationale: The CPMT recommends the use of physical therapy of the knee for the treatment of an acute knee injury or loss of range of motion, instability, weakness, etc. The medical records document that the injury dates back to 2010 and there is uncertainty if there was previous therapy that worked. Further, the documents show no signs that this is a new injury. A home exercise program would be more appropriate. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.