

Case Number:	CM14-0037697		
Date Assigned:	06/25/2014	Date of Injury:	03/07/2009
Decision Date:	12/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/28/2014

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, 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 28 year old male with a reported industrial injury on March 7, 2009, when a computer case fell on his left ankle. The injury involves the left hip, left knee and left ankle, he takes Advil on a regular basis which does seem to be helping. This information is per the primary treating physician report on February 3, 2014. The injured worker has had three sessions of acupuncture treatment which is reported as helping and he has increased range of motion and decreased pain. Physical exam notes a slight decrease in flexion, extension, abduction, and adduction, internal and external rotation of the hip and has positive Faber and Gaenslen's test on the left. The knee examination of bilateral knees he has limitation of motion in flexion and positive McMurray test on the left. The examination of the left foot shows that there is tenderness noted over the lateral ankle, limited range of motion in plantar flexion, dorsiflexion, inversion and eversion. The diagnosis on February 3, 2014 is left foot contusion, left ankle strain, left knee probable internal derangement and compensatory biomechanical strain to the left hip. Previous medical and diagnostic tests were not available in provided medical records. The treatment plan on February 3, 2014 was for authorization for acupuncture treatment to the left hip, left knee and left ankle at a frequency of once per week for four weeks to improve strength, stability, ranges of motion and decrease the pain, authorization for pain management consultation, orthopedic evaluation for left knee, Magnetic resonance imaging (MRI) of the left knee due to ongoing pain and positive orthopedic testing, authorization for electromyogram (EMG) and nerve conduction study of the left lower extremity to rule out any neurological deficit based on the neurological findings. The disability status is modified duties. On March 4, 2014 the primary physician requested MRI of Left knee, EMG left lower extremities, NCV left lower extremities, Acupuncture 1x4 to left hip, left knee, left ankle, Orthopedic Evaluation for left knee, and Referral for pain management. The Utilization Review denial was based on the

California Medical treatment utilization schedule (MTUS) guidelines and the American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The patient presents with an injury to the left hip, left knee and left ankle. The current request is for an MRI of the left knee. Based on the medical records provided for review, there does not seem to be any previous MRI's performed on the patient's left knee. ODG states that an MRI is reasonable if internal derangement is suspected. On the primary treating physician's report dated 02/03/2014, the patient was diagnosed with probable left knee internal derangement. The treating physician also stated that the patient is "having ongoing pain and positive orthopedic testing." Recommendation is medically necessary.

EMG left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Chapter, EMGs

Decision rationale: The patient presents with an injury to the left hip, left knee and left ankle. The current request is for an EMG left lower extremities. ACOEM Guidelines allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." There is no indication that prior EMG/NCV testing has been provided. The treating physician report dated 2/3/14 states, "I am requesting authorization for the EMG/NCV study of the left lower extremity to rule out any neurological deficit and because of neurological findings." The treating physician has diagnosed the patient with a left foot contusion, left ankle strain, left knee probable internal derangement and compensatory strain to the left hip. There are no objective findings in the physical examination to indicate that the patient has radiculopathy. The ODG Guidelines states, "EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy." The treating

physician in this case has not documented any signs of radiculopathy, plexopathy or peripheral neuropathy. Recommendation is for denial.

NCV left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with an injury to the left hip, left knee and left ankle. The current request is for a NCV left lower extremities. The treating physician report dated 2/3/14 states, "I am requesting authorization for the EMG/NCV study of the left lower extremity to rule out any neurological deficit and because of neurological findings." The treating physician has diagnosed the patient with a left foot contusion, left ankle strain, left knee probable internal derangement and compensatory strain to the left hip. There are no objective findings in the physical examination to indicate that the patient has radiculopathy. The ODG Guidelines states, "EDX testing should be medically indicated to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy." The treating physician in this case has not documented any signs of radiculopathy, plexopathy or peripheral neuropathy. Recommendation is for denial.

Acupuncture 1x4 to left hip, left knee, left ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with an injury to the left hip, left knee and left ankle. The current request is for Acupuncture 1x4 to left hip, left knee, left ankle. The treating physician report dated 2/3/14 states, "The patient has been attending his acupuncture treatment. He had three treatments, which do help and report that he has increased ranges of motion and has decreased the pain." Review of the Acupuncture Medical Treatment Guidelines (AMTG) recommends acupuncture treatment for knee complaints. The AMTG states that if acupuncture treatments are to be extended then there must be documented functional improvement. The primary treating physician reported that acupuncture has helped and the patient has increased range of motion and decreased pain. Recommendation is medically necessary.

Orthopedic Evaluation for left knee: 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, Independent Medical Examinations and Consultations, page 127

Decision rationale: The patient presents with an injury to the left hip, left knee and left ankle. The current request is for an Orthopedic Evaluation for left knee. On the primary treating physician's 02/03/2014 report, it states "the patient has limited range of motion in flexion... The patient has positive McMurray test on the left." The ACOEM guidelines state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise may be required. Recommendation is medically necessary.

Referral for pain management: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: The patient presents with an injury to the left hip, left knee and left ankle. The current request is for Referral for pain management. The treating physician report dated 2/3/14 states, "I am requesting authorization for a referral to an M.D. for a pain management consultation regarding pain medication." The request is made from a chiropractor that is unable to prescribe medications. The ACOEM guidelines state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise may be required. Recommendation is medically necessary.