

<b>Case Number:</b>	CM14-0037999		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Occupational Medicine 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:

This 63 year old patient had a date of injury on 8/16/2014. The mechanism of injury was he slipped and fell on the frame rack and landed on his right side. In a progress noted dated 2/24/2014, subjective findings included persistent pain the wrist, neck, both knees, and right hip as well as low back pain. On a physical exam dated 2/24/2014, objective findings included patient recovering from right shoulder surgery. He has tenderness along cervical and lumbar paraspinal muscles and pain with facet loading. Diagnostic impression shows discogenic cervical condition with three-level disc disease and radicular components, impingement syndrome and bicipital tendonitis, AC joint wear, carpal tunnel syndrome, lumbar sprain. Treatment to date: medication therapy, behavioral modification, right shoulder surgery 1/2014. A UR decision dated 3/7/2014 denied the request for repeat EMG of upper extremities, NCV of upper extremities, stating there were no neurological deficits, changes in clinical status, changes in clinical status neurologically, or contemplation of surgical intervention for peripheral nerve entrapment. Viscosupplementation injection for bilateral knees was denied, stating the left knee was not involved in doi, no demonstrated aggravation or exacerbation of OA by fall, diagnosis of bilateral knee OA, and no documented grade of OA, minimal findings by X-Ray. Donjoy brace for right knee and right hip was denied, stating that there was no documented aggravation/exacerbation 2 years after DOI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Electromyography (EMG) of upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter <http://www.mayoclinic.org/tests-procedures/electroconvulsive-therapy/basics/definition/prc-20014183>.

**Decision rationale:** The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. An EMG uses electrodes taped to the skin to measure the speed and strength of signals traveling between 2 or more points. It can reveal nerve dysfunction, muscle dysfunction, or problems with nerve to muscle transmission. In the latest progress report dated 2/24/2014, there was no objective evidence of neurological deficits that support the request for EMG/NCS studies. Furthermore, the patient just had surgery in 1/2014, and there was no mention of future surgical intervention that would necessitate the request for an EMG. Therefore, the request for EMG of upper extremities is not medically necessary.

**Nerve conduction velocity (NCV) of upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper back chapter [http://www.medicinenet.com/nerve\\_conduction\\_velocity\\_test/article.htm](http://www.medicinenet.com/nerve_conduction_velocity_test/article.htm).

**Decision rationale:** The California MTUS criteria for EMG/NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. An NCV is an electrical test used to determine the adequacy of the conduction of the nerve impulse as it courses down a nerve, used to detect signs of nerve injury. In the latest progress report dated 2/24/2014, there was no objective evidence of neurological deficits that support the request for EMG/NCS studies. Furthermore, the patient just had surgery on 1/2014, and there was no mention of future surgical intervention that would necessitate the request for an NCV. Therefore, the request for NCV of upper extremities is not medically necessary.

**Viscosupplementation-Hyalgan injection for bilateral knees:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, 340. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter.

**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 California MTUS does not address this issue. The ODG indications include patients who experience significantly symptomatic osteoarthritis but have not responded adequately to standard nonpharmacologic and pharmacologic treatments; are not candidates for total knee replacement; younger patients wanting to delay total knee replacement. If relief is obtained for 6-9 months and symptoms recur, it may be reasonable to do another series. In a progress note dated 2/24/2014, the patient is diagnosed with osteoarthritis. However, there was no discussion of conservative treatment that was attempted prior to the request of viscosupplementation. Furthermore, the notes do not indicate whether or not this is a candidate for total knee replacement, and the patient is not considered a younger candidate. Therefore, the request for viscosupplementation-Hyalgan injection for the bilateral knees is not medically necessary.

**Donjoy brace for right knee and right hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter.

**Decision rationale:** The MTUS does not address this issue. ODG criteria for knee braces are for severe osteoarthritis, maximal off-loading of painful or repeated knee compartment, or severe instability as noted on physical examination of knee. In a progress note dated 2/24/2014, the patient demonstrates tenderness to palpation. However, there was no objective findings, nor discussion, in the physical examination viewed that show instability to the right knee that would require bracing. Therefore, the request for Donjoy knee brace for right knee and right hip is not medically necessary.