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| Case Number: | CM14-0039491 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 02/07/2002 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 03/19/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 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:

55-year-old female with reported industrial injury on 2/7/02. Exam note from 3/4/14 demonstrates complaint of neck pain with radiation down bilateral arms and knee pain that was worse on the right. Elbow and wrist range of motion is noted to be full. Exam note demonstrates normal neurologic examination with negative Phalen's test. Knee range of motion is noted to be 0-120 degrees. Exam note from 12/3/13 demonstrates slight improvement in her symptoms with no changes in examination. Exam note from 1/21/14 demonstrates claimant underwent a cervical epidural injection with some relief. The physical examination is noted to be unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee arthroscopy with partial meniscectomy and chondroplasty: 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 Official Disability Guidelines (ODG) Knee and Leg, Meniscectomy.

Decision rationale: CAMTUS/ACOEM Chapter 13 Knee Complaints, pages 344-345, states regarding meniscus tears, "Arthroscopic partial meniscectomy usually has a high success rate for cases in which there is clear evidence of a meniscus tear--symptoms other than simply pain (locking, popping, giving way, recurrent effusion)According to ODG Knee and Leg Chapter, Meniscectomy section, states indications for arthroscopy and meniscectomy include attempt at physical therapy and subjective clinical findings, which correlate with objective examination and MRI. In this case the exam notes from 3/4/14 or 1/21/14 do not demonstrate evidence of adequate course of physical therapy or other conservative measures. In addition there is lack of evidence in the cited records of meniscal symptoms such as locking, popping, giving way or recurrent effusion. Therefore the requested surgery is not medically necessary.

Pre-op clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for non-certification for preoperative clearance.

Post-op Physical Therapy times 24: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, the determination is for non-certification for postoperative physical therapy x 24 visits.

Electromyography bilateral upper extremities: 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 Official Disability Guidelines (ODG) Carpal tunnel syndrome, EMG.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 3/4/14 to warrant NCS or EMG. The claimant has negative

compressive testing of the extremities to warrant the EMG of bilateral upper extremities. Therefore the request is not medically necessary.

Nerve Conduction Velocity bilateral upper extremities: 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 Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Nerve conduction velocity testing.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS). In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 3/4/14 to warrant NCS or EMG. The claimant has negative compressive testing of the extremities to warrant the EMG of bilateral upper extremities. Therefore the determination is for non-certification.