

Case Number:	CM14-0072334		
Date Assigned:	08/08/2014	Date of Injury:	03/03/2014
Decision Date:	10/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/19/2014

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, has a subspecialty in Pain 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:

The patient is a 39 year old female who sustained an industrial on 3/3/2014. The mechanism of injury is described as while checking a box she was unable to reach the box and overextended her left leg. According to the First Doctor's report dated 3/4/3014 by [REDACTED], 2-view x-rays of the left hip showed bony mineralization within normal limits, and 4-view x-rays of the left knee were normal; showed bony mineralization within normal limits. Pain was primarily at the left hip, rated 8/10. Examination revealed left lateral hip tenderness and mild spasm, and mild tenderness and swelling at the posterior left knee. The physical examination was otherwise normal and unremarkable. She was diagnosed with sprain/strain of left hip and left knee. She was provided Ibuprofen, ice pack and returned to full duty. According to the 4/21/2014 PTP PR-2 of [REDACTED] the patient complains of moderate to severe left hip, left knee, left ankle/foot, and lower back pain, with slight improvement. Physical examination documents moderate to severe tenderness, slight swelling, slightly improved ROM, +3/+5 flexion and extension, + Patrick's of the left hip, moderate tenderness, decreased ROM, + varus and mobility of the left knee, moderate tenderness, slightly improved ROM, + lateral/medial stability of the left foot/ankle. Moderate tenderness and slightly improved ROM of the lumbar spine, + Kemp's, +SLR, + Braggard's, + Ely's, + Milgrams, + Valsalva, +4/+5 heel/toe walking. Diagnoses are sprain/strains of left hip, left knee, left ankle/foot and lumbar spine. Requests are for additional chiropractic and physiotherapy 8 visits, MRI scans, and EMG/NCV of the lower extremities. Work status is continued TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic care and Physiotherapy for the Low Back, Left Hip, Knee, and Ankle three times a week for two weeks then twice a week for one week totaling eight visits over 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for additional treatment indicates the patient has been undergoing chiropractic care; however, the medical records do not document the number of sessions she has attended to date. Furthermore, chiropractic treatment is not recommended for knee or ankle/foot complaints. Although slight improvement is reported, the patient remains TTD, and without documentation of the number of sessions completed to date, additional chiropractic care/physiotherapy is not medically necessary. Therefore, the request is not medically necessary.

MRI of the Left Hip: Upheld

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

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

Decision rationale: The California MTUS do not address the issue in dispute and hence Official Disability Guidelines have been consulted. As per the Official Disability Guidelines, "MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." In this case, this patient reports left hip pain, that is slightly improved. Examination indicates slightly improved ROM. There is no evidence to suggest a potential red flag diagnosis. Thus, the medical necessity of left hip MRI has not been established in accordance with the guidelines, and the request is not medically necessary.

MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging)

Decision rationale: The medical records do not document a recent traumatic injury involving the left knee. The patient demonstrates normal gait and cadence with ambulation, is able to fully bear weight on the left leg, and examination demonstrates the knee is stable. There is no radiographic evidence demonstrating internal derangement involving the knee. The medical records do not establish the existence of clinically significant functional deficits or recent trauma involving the left knee, as to establish medical necessity for MRI. In the absence of subjective and objective findings support the request, the medical necessity of a left knee MRI has not been established. The request is not medically necessary.

MRI of the Left Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-368. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Magnetic resonance imaging (MRI)

Decision rationale: Regarding diagnostic criteria, the California MTUS ACOEM guidelines states that if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. In the case of this patient plain films have not been obtained. The patient reports slight improvement in her left foot/ankle complaint and examination reported slightly improved ROM and stable joints. The medical records do not establish any criteria for MRI of the foot have been met in this case. The medical necessity of an MRI of the left foot is not established. The request is not medically necessary.

MRI of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging)

Decision rationale: According to the ACOEM guidelines, the criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. The medical records do not establish progressive neurological deficit, there is no evidence of an emergence of a red flag, and the patient is not pending invasive procedure. According to the medical records, the patient reports slightly improved low back pain and examination does not reveal findings consistent with persistent neuro-compressive lesion. The request is not medically necessary.

NCV of the Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve Conduction Studies (NCS)

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines suggest EMG may be useful for evaluation of subtle focal neurologic dysfunction in patients with low back symptoms, not NCV. According to the Official Disability Guidelines, nerve conduction studies (NCS) is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The patient has no complaints or findings involving the right lower extremity. There is no basis for considering electrodiagnostic study of the right lower extremity. Furthermore, the patient's examination revealed no motor strength, sensation, or reflexes changes of the bilateral lower extremities. The medical necessity of an NCV of the lower extremities has not been established.

EMG of the Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Electromyography (EMG)

Decision rationale: According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. The patient has no complaints or findings involving the right lower extremity. There is no basis for considering electrodiagnostic study of the right lower extremity. Furthermore, the patient has a normal neurological examination. The medical records do not establish that there has been any significant change or worsening in clinical findings. An EMG study is not clinically indicated. Therefore, this request is not medically necessary.