MAXIMUS Federal Services

Case Number:	CM14-0074021		
Date Assigned:	07/18/2014	Date of Injury:	02/06/2013
Decision Date:	09/23/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 Nevada. 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 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 56 year-old male who was reportedly injured on 2/6/2013 the mechanism of injury is noted as a straining type injury while climbing a ladder. The most recent progress note dated 4/22/2014 indicates that there are ongoing complaints of low back pain, bilateral lower extremity pain, and bilateral wrist pain. The physical examination demonstrated right and left wrist: positive tenderness to palpation over the flexor compartments and carpal canal; Positive Phalen's, positive median nerve compression sign. Lumbar spine: positive tenderness to palpation in the upper, mid-, and lower paravertebral muscles; limited range of motion with pain. Right knee: range of motion 0-110. Muscle strength 5-/5. Left knee: positive tenderness to palpation over the medial and lateral joint line; positive medial lateral joint line pain with McMurray's maneuver, mild patellofemoral irritability with patella tracking, grade 4/5 muscle strength lower extremities. Range of motion 5 to105 with crepitation. Neurological: Apache, decreased sensation in the bilateral lower extremities, in the L5 distribution. Upper extremities: Apache, decreased sensation in the right upper extremity in the bilateral median nerve distribution. No recent diagnostic studies are available for review. Previous treatment includes previous knee arthroscopies, right total knee arthroplasty, medications, and conservative treatment. A request was made for magnetic resonance image lumbar spine, electrodiagnostic study bilateral lower extremity, neurology consult for bilateral upper extremity, decision for left total knee replacement, and was not certified in the pre-authorization process on 5/13/2014.

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.

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

Decision rationale: The American College of Occupational and Environmental Medicine supports the use of magnetic resonance images for the lumbar spine when there are unequivocal objective findings that identify specific nerve root compromise on exam and the claimant would be willing to consider operative intervention. Based on the clinical documentation provided, there is decreased sensation in the L5 dermatome bilaterally in the lower extremities. However, the clinician does not document that the claimant is willing to consider operative intervention. As such, secondary to a lack of clinical documentation the request fails to meet the American College of Occupational and Environmental Medicine criteria and is not medically necessary.

ELECTRODIAGNOSTIC STUDIES BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography or magnetic resonance image is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. After review the medical records provided there is not significant documentation detailing the failure conservative treatment for the injured worker concerning the cervical spine and upper extremities. Given the lack of documentation to support EMG or NCV studies, this request is not medically necessary.

BUE NEURO CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004),â¿¯ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 12.

Decision rationale: California Medical Treatment Utilization Schedule/American College of Occupational and Environmental Medicine practice guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Review of the available medical records, documents mild neck and low back discomfort with radicular symptoms at their last office visit, but fails provide significant documentation of failure of conservative treatments. The treating physician has failed to provide a clinical reason to transfer care to a neurologist. As such, this request is not medically necessary.

LEFT TOTAL KNEE REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 (acute and chronic) 8/25/2014.

Decision rationale: After review the medical documentation provided is very likely the injured worker was a good candidate for knee replacement. However there is documentation does not provide for review to provide support for guideline criteria for knee replacement. Therefore, lacking pertinent documentation to include body mass index, and other conservative treatment modalities this request is deemed not medically necessary.