Case Number:	CM14-0079917		
Date Assigned:	08/08/2014	**Date of Injury:**	11/13/1990
Decision Date:	10/01/2014	**UR Denial Date:**	05/23/2014
Priority:	Standard	**Application Received:**	05/23/2014

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 Illinois. 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 58-year-old female who reported an injury on 11/13/1990 while working for [redacted] as an epidemiologist. She sustained injuries to her cervical spine, lumbar spine, right elbow, bilateral shoulders, and bilateral knees. The injured worker was walking in a pedestrian crosswalk to attend a meeting while on the job when she was struck by an automobile. The injured worker's treatment history included surgery, MRI studies, medications, physical therapy, x-rays, and a knee brace. The injured worker was evaluated on 04/28/2014, and it was documented the injured worker complained of back, neck, knee, and arm pain. The injured worker reported 5/10 elbow pain, and 7/10 to 9/10 pain was also noted in the knees. On the physical examination, there was an effusion in the knee and joint line tenderness. There was lower extremity atrophy and decreased range of motion. No neurologic deficits were noted in the lower and upper extremities. There was AC joint tenderness. MRI examination of the lumbosacral spine reportedly revealed discogenic disease at L4-5, moderate central canal stenosis, facet arthropathy on the right at L4-5 and L5-S1 with foraminal stenosis, and central canal compromise at L4-5. Diagnoses included cervical spine sprain/strain, chronic myofasciitis/degenerative disc disease/foraminal stenosis, lumbar sprain/strain with severe L4-5 and mild to moderate L3-4, L5-S1 degenerative disc disease with foraminal stenosis/myofasciitis, posttraumatic osteoarthritis, bilateral knees, status post tibial tubercle osteotomy, right knee, with residual/chronic posttraumatic chondromalacia patellofemoral joint, bilateral posttraumatic osteoarthritis, right elbow sprain/strain, cubital tunnel syndrome, right elbow, bilateral shoulder sprain/strain with bilateral impingement and possible rotator cuff pathology. The Request for Authorization dated 04/24/2014 was for MRI of the cervical spine, MRI of the lumbar spine, MRI of bilateral shoulders, MRI of the bilateral knees, EMG bilateral for upper and lower extremities, NCS for upper and lower bilateral extremities, hyaluronic acid

injections for bilateral knees, and physical therapy. The rationale for the hyaluronic acid injections to the bilateral knees due to the injured worker's subjective complaints, objective findings, x-ray and MRI evidence of bilateral posttraumatic OA.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back - MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Cervical Spine Magnetic Resonance Imaging is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The documents submitted indicated the injured worker has prior physical therapy; however the outcome measurements were not submitted for review. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for the Magnetic Resonance Images of the Lumbar Spine is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The rationale for the request was to re-evaluate and rule out a lumbar disc syndrome. It was also documented the injured worker obtained a MRI of the lumbar spine. In addition, the documentation failed to provide previous MRI studies. There was no report of re-injury noted. Furthermore, the injured worker's physical examination findings are consistent with no change his current diagnosis. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. There is a lack of documentation to verify the failure of conservative measures. There is also no indication of red flag diagnoses or the intent to undergo surgery. Given the above, the request is not medically necessary.

MRI Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter - MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for Magnetic Resonance Imaging of bilateral shoulders is not medically necessary. ACOEM guidelines recommend imaging studies when physiologic evidence identifies Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Imaging studies may be considered for a patient, whose limitations due to consistent symptoms persisted for one month or more, i.e., in cases: When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. To further evaluate the possibility of potentially serious pathology, such as a tumor. It was documented on the physical examination, there are impingement signs and weakness around the shoulder, and however, there were no signs of instability. Given the above, the request is not medically necessary.

MRI Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter - MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma. Patient is able to walk without a limp, Patient had a twisting injury and there is no effusion, The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. Most knee problems improve quickly once any red-flag issues are ruled out. For patients

with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects. The injured worker had previous physical therapy sessions and home exercise regimen however, the outcome measurements were not provided. The provider failed to indicate long- term functional restoration goals for the injured worker. Therefore, the request for MRI bilateral knees is not medically necessary.

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for electromyography of bilateral upper extremities is not medically necessary. The CA MTUS/ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines state 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; Clarification of the anatomy prior to an invasive procedure. There is no documentation of significant change in symptoms or findings to support an evaluation through EMG for bilateral upper extremities. It was noted the injured worker has received conservative care, however the outcome measurements was not provided. Given the above, the request is not medically necessary.

EMG Bilateral 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): 303-305.

Decision rationale: The request for electromyogram of bilateral lower extremities is not medically necessary. CA MTUS/ACEOM do not recommend electromyography (EMG),

including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The Official Disability Guidelines recommend electromyography as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1 month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. There was no mentioned of a home exercise regimen outcome. In addition, the injured worker has no documented evidence per the physical examination done on 04/24/2014 indicating nerve root dysfunction. Given the above, the request for electromyogram of the bilateral lower extremities is not medically necessary.

NCS Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Guidelines Neck & Upper Back, Nerve Conduction Studies.

Decision rationale: The request for nerve conduction study (NCS) for bilateral upper extremities is not medically necessary. The Official Disability Guidelines does not recommend NCS studies. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. Electromyography is recommended to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. There was no documentation of objective neurological findings suggestive of cord or nerve root pathology. In addition, the outcome measurements of conservative care were not submitted for this review. Given the above, the request is not medically necessary.

NCS Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back. Nerve Conduction Velocity.

Decision rationale: The request for nerve conduction study (NCS) bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend NCV studies as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic

accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. There was no mentioned of a home exercise regimen outcome. Given the above, the request for nerve conduction study of bilateral lower extremities is not medically necessary.

Hyaluronic acid injections, three done one week apart bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg Chapter , Hyaluronc acid injections

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Hyaluronic Acid Injections.

Decision rationale: The requested is not medically necessary. Per the Official Disability Guidelines (ODG), Synvisc injection is only recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen); to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. While osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome (patellar knee pain). The documents provided on 04/24/2014 lacked evidence of failed conservative care such as, physical therapy, medication, and home exercise regimen. Therefore, the request for hyaluronic acid injections, three done one a week apart for bilateral knees is not medically necessary.

Physical Therapy 3 times a week for 4 weeks (12 Sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy. However, the provider failed to indicate outcome measurements of home exercise regimen and prior physical therapy. The provider failed to indicate long-term functional goals and outcome measurements. In addition the request will exceed recommended amount of visits per the guideline. The request failed to include frequency and location where physical therapy is required for the injured worker. Given

the above, the request for physical 3 times a week for 4 weeks (12 sessions) is not medically necessary.