

<b>Case Number:</b>	CM14-0082547		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Emergency 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:

Patient with reported date of injury on 9/23/13. Mechanism of injury is described as a fall from 4feet height. Patient has a diagnosis of R knee degenerative arthritis and meniscal tear, lumbar spine strain, cervical spine strain, cephalgia and R shoulder subacromial impingement syndrome. Patient is being "ruled-out" for R carpal tunnel and R internal Medical records reviewed. Last report available until 6/2/14. Patient complains of headaches, R shoulder pain, L shoulder pain, R hand/wrist pain with numbness and tingling, entire back pain, R hip pain, R knee pain and R foot pain with numbness and tingling. Most severe pains are to back and R knee. Objective exam reveals neck pain with terminal flexion. No tenderness and was negative for Spurling and Adson's. Patient had full normal range of motion of R shoulder and had ho tenderness. R shoulder with positive R Neer impingement test, R Hawkins-Kennedy test positive. Thoracic and lumbar spine with pain with terminal range of motion. Exam was normal otherwise.MRI of R knee (1/16/14) reveals degenerative arthritis of medial joint compartment with meniscus degeneration and bony edema.X-rays Cervical Spine (3/31/14) reveals degenerative joint diseaseX-rays of R shoulder (3/31/14) was normal. X-rays of bilateral wrist (3/31/14) show ulnar positive variance.X-rays of lumbar spine (3/31/14) reveal normal film.Patient has reportedly completed physical therapy of back, R knee and neck with mild improvement in pain and decreased pain. Completed PT on 1/14. Patient is using R knee brace.Medication list was not provided for review. Only noted to be on Motrin.Independent Medical Review is for MRI of R shoulder; MRI of lumbar spine; MRI of head; Electromyography(EMG) of bilateral upper extremity; Nerve Conduction Velocity(NCV) of bilateral upper extremities; Electromyography(EMG) of bilateral lower extremities; Nerve Conduction Velocity(NCV) of bilateral lower extremities and Synvisc injection of R knee.Prior UR on 5/9/14 recommended

certification of referral to neurology, MRI of R wrist and cervical spine. It also partially certified NCV of R upper extremity only. It non-certified all other requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MRI of the Right Shoulder.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** As per MTUS ACOEM Guidelines, imaging of R shoulder should be considered when there are emergence of red flag (limb or life threatening) findings, evidence of loss of neurovascular function, failure to progress in strengthening program and pre-invasive procedure. Patient fails all criteria. There are no red flags or signs of loss of neurovascular function. There is no plan for surgery. There has never been a documented attempted at physical therapy of the affected shoulder. MRI of R shoulder is not medically necessary.

#### **MRI of the Lumbar spine.:** 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): 304, 309.

**Decision rationale:** As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There are no documented red flag findings in complaints or exam. There is noted new neurologic dysfunction. The requesting provider has not justified any need for any procedure. Patient has had received proper pain control and is currently only on Motrin. There is no noted continuing home directed physical therapy or strengthening exercises despite prior physical therapy. MRI of the lumbar spine is not medically necessary.

#### **MRI of the Head.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (updated 03/28/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation , Head, MRI(magnetic resonance imaging).

**Decision rationale:** MTUS Chronic pain and ACOEM guidelines do not have any specific sections that deal with this topic. As per Official Disability Guidelines (ODG), MRI may be recommended to determine neurological deficits not explained by CT scan, to determine prolonged interval of disturbed consciousness or to define acute changes superimposed on previous trauma or illness. Patient does not meet any of these criteria. Patient has some vague complaints of headache. There are no noted neurological deficits and no documentation of severity or any details of the headache. MRI of the head is not medically necessary.

**Electromyography (EMG) Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam are consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Patient has not had any documented changes in neurological exam or complaints. Patient has no neurological dysfunction and has negative Tinel's, Phalen's and other provocative tests. EMG is not medically necessary.

**Nerve conduction velocity (NCV) Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

**Decision rationale:** As per ACOEM Guidelines, Nerve Conduction Velocity Studies is not recommended for repeat "routine" evaluation of patients for nerve entrapment. It is recommended in cases where there are signs of median or ulnar nerve entrapment. Pt has not had any documented changes in neurological exam or complaints. The exam does not show any neurological deficits. NCV of bilateral upper extremity is not medically necessary.

**Electromyography (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): 309.

**Decision rationale:** As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction to support EMG use. EMG is not medically necessary.

**Nerve conduction velocity (NCV) 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 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary.

**Synvisc Injection to the Right knee.:** 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 (updated 03/31/2014) Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Hyaluronic Acid injections.

**Decision rationale:** The MTUS Chronic pain or ACOEM guidelines do not adequately have any specific sections that deal with this topic. Official Disability Guidelines (ODG) recommends it as an option in osteoarthritis in situations where conservative treatment has failed to manage the pain and to delay total knee replacement. The benefits are transient and moderate at best. Patient does not meet criteria for Synvisc injection. There has not been any adequate attempt at physical therapy of the affected knee or pain control. The requesting provider has failed to document failure of conservative treatment of the affected knee. Synvisc injection of the R knee is not medically necessary.