MAXIMUS Federal Services

Case Number:	CM14-0088496		
Date Assigned:	08/04/2014	Date of Injury:	10/29/2009
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/12/2014

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:

This is a 58-year-old female claimant with reported industrial injury on October 29, 2009. The claimant is status post left knee arthroscopy with synovectomy and chondroplasty on September 6, 2012. MRI right shoulder on 3/15/14 demonstrates rotator cuff tear of the right shoulder. Electrodiagnostic testing from 5/22/2013 of the upper extremity demonstrates no evidence of cervical radiculopathy or plexopathy and findings consistent with mild right carpal tunnel syndrome. Exam 4/4/2014 demonstrates complaints of right knee pain. It is reported the patient currently is on Flexeril. Report states the pain affects ability to sleep. Objective findings demonstrate extension 2 and flexion to 15. Bilateral upper extremities demonstrate abduction to 100. Right lower extremity abduction 75 and flexes to 110. Left lower extremity extends 170 and flexes to 110. Exam note 5/5/2014 demonstrates complaints of the neck, bilateral shoulders, wrist and bilateral knees. Objective findings demonstrate tenderness along the cervical and lumbar paraspinal muscles bilaterally and pain with facet loading. Her medications include morphine sulfate, Norco. There is no documentation in the records of frequency of medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: 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, Back Brace.

Decision rationale: CA MTUS/ACOEM does not specifically address back brace. According to the ODG, back brace is under study with lack of evidence to support the use of these devices. Therefore the determination is for non-certification.

MRI right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted from 5/5/14 for review does not demonstrate that a period of conservative care has been performed to meet CA MTUS/ACOEM guideline criteria for the requested imaging. The request for knee MRI is therefore not medically necessary and appropriate.

MRI Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1020.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-345.

Decision rationale: According to the CA MTUS/ACOEM, Knee Complaints Chapter 13, page 341-345 regarding knee MRI, states special studies are not needed to evaluate knee complaints until conservative care has been exhausted. The clinical information submitted from 5/5/14 for review does not demonstrate that a period of conservative care has been performed to meet CA MTUS/ACOEM guideline criteria for the requested imaging. The request for knee MRI is therefore not medically necessary and appropriate.

Right Knee Cortisone injection: Upheld

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

Decision rationale: CA MTUS/ACOEM is silent on knee corticosteroid injection. According to ODG Knee and Leg, Corticosteroid injections it requires documentation of severe osteoarthritis of the knee. In this case the exam note from 5/5/14 does not demonstrate severe osteoarthritis of the knee. Therefore the determination is for non-certification.

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electodiagnostic testing, it states"Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is clear documentation of lumbar radiculopathy from the cited records and exam note from 5/5/14. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate and is non-certified.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710.

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 studies.

Decision rationale: CA MTUS/ACOEM is silent on nerve conduction velocity testing. According to the ODG Low Back, nerve conduction studies (NCS) states it is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this particular case the exam not from 5/5/14 demonstrates clear evidence of lumbar radiculopathy. Therefore there is no justification for NCS and determination is for non-certification.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electodiagnostic testing, it states"Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is clear documentation of lumbar radiculopathy from the cited records and exam note from 5/5/14. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate and is non-certified.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 710.

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 studies.

Decision rationale: CA MTUS/ACOEM is silent on nerve conduction velocity testing. According to the ODG Low Back, nerve conduction studies (NCS) states it is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this particular case the exam not from 5/5/14 demonstrates clear evidence of lumbar radiculopathy. Therefore there is no justification for NCS and determination is for non-certification.

Physical Therapy Right Shoulder 3 times a week for 4 weeks, QTY: 12: 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: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions,Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus activeself-directed home Physical Medicine.Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis,

unspecified (ICD9 729.2)8-10 visits over 4 weeksAs the requested physical therapy of 12 visits exceeds the recommendation, the determination is for non-certification.

Morphine ER 30mg tablets, QTY: 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note 5/5/14, there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is for non-certification.

Norco 10mg/325mg tablets, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note 5/5/14, there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is for non-certification.