

<b>Case Number:</b>	CM14-0197716		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 44 year old male with a date of injury of 1/21/13. According to progress report dated 10/30/14, the patient underwent surgery for the right knee on 6/26/13 and continues with residual pain. Examination of the right knee revealed marked tenderness over the medial joint line space with tenderness over the medial collateral ligament. There is mild effusion. Range of motion is 0 to 100 degrees. Pain is reproduced mainly with weight bearing. This is utilizing a cane for assistance. X-rays were obtained on 8/28/14 which showed medial joint space interval 1mm and the lateral joint space is 5mm. The listed diagnoses are internal derangement of the right knee and atrophy of the right gastrocnemius muscle. Treatment plan is for a hinged knee brace, EMG for the right lower extremity and prescription for Oxycontin 10mg. The Utilization review denied the requests on 11/6/14. Treatment reports from 3/17/14 through 10/30/14 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS:** 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 Chapter, EMGs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography), Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS)

**Decision rationale:** This patient underwent surgery for the right knee on 6/26/13 and continues with residual pain. The current request is for EMG/NCS. The treating physician states that he is requesting diagnostics for the lower extremity "because of atrophy of the right calf." ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, "EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies (EDS) states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." There is no indication that prior EMG/NCV testing has been provided. In this case, the request is being made to further investigate the patient's chronic knee condition. The treating physician has documented some concern for mild atrophy of the right calf but EMG studies are used to obtain unequivocal evidence of radiculopathy. EMG testing is used to determine radiculopathy in patients that experience tingling, numbness, muscle weakness or muscle pain or cramping. The EMG may help diagnose muscle disorders, peripheral neuropathy or radiculopathy. The information provided does not indicate that the patient is experiencing any type of neuropathy as the patient has right knee internal derangement with atrophy of the right gastrocnemius muscle. The current request is not supported by the ODG guidelines and is not medically necessary to identify neurologic dysfunction in patients with low back pain. Such is not documented in this case. The requested EMG/NCS IS NOT medically necessary.

**Oxycontin 10mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Oxycontin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76 - 78.

**Decision rationale:** This patient underwent surgery for the right knee on 6/26/13 and continues with residual pain. The current request is for OXYCONTIN 10MG. The Request for Authorization (RFA) and progress report dated 10/30/14 notes that this request is for Oxycontin 10mg #90. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. This patient is unable to use taking Celebrex or Tramadol due to side effects. The patient

has recently tried Tylenol #3 and developed pain and swelling in the feet and hands. This is an initial request for Oxycontin. In this case, the patient has continued pain and has been working modified duty. He recently missed a couple days of work due to his pain. The treating physician has provided pain and functional assessment and a trial of Oxycontin may be indicated. The request IS medically necessary.

**Hinge Knee Brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Knee Brace

**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) Chapter, Knee brace

**Decision rationale:** This patient underwent surgery for the right knee on 6/26/13 and continues with residual pain. The current request is for HINGE KNEEBRACE. ODG Guidelines does recommend knee brace for the following conditions "knee instability, ligament insufficient, reconstructive ligament, articular defect repair as vascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful hightibial osteotomy, painful unicompartmental OA, or tibial plateau fracture." The patient reports that he has tried an off loader brace, "but hestates this is not helping his pain." This patient is s/p knee surgery with continued pain, tenderness, effusion and decreased ROM. X-rays also documented osteoarthritis. The requested left knee brace IS medically necessary.