

<b>Case Number:</b>	CM15-0005921		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	08/05/2009
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 53 year old male, who sustained an industrial injury on 08/05/2009. He has reported low back and bilateral knee pain and pain in the right hand and wrist. The diagnoses have included sprain/strain of knee and leg, unspecified sties, knee medial meniscus tear, status post right total knee arthroplasty, lumbar sprain/strain, failed lumbar spine surgery and chronic pain. Treatment to date has included a right total knee replacement, left knee arthroscopy and lumbar spine surgery followed by physical therapy. Currently, the IW complains of moderate difficulty sleeping, difficulty with activities of daily living, impotence, and even difficulty rolling over in bed. The IW is dependent on medications including Tramadol, Tizanidine, Methocarbamol, and Duloxetine for symptomatic relief. There is a complaint of constant pain at both knees with occasional swelling and giving out of the right knee and locking on full extension. MRI of left and right knees have been done and reviewed and the recommendation is for a total knee replacement of the left knee. On 12/22/2014 Utilization Review non-certified a request for EMG/NCV BLE citing the ACOEM Guidelines. On 12/22/2014 Utilization Review non-certified a request for Right Knee arthroscopy with lateral release noting there was "no detailed evidence of weeks-month(s) of a recent reasonable and /or comprehensive non-operative treatment protocol trial and failure that have been submitted." ACOEM Guidelines were cited. On 12/22/2014 Utilization Review non-certified a request for CT Myelogram-lumbar spine, noting that guideline criteria have not been met. The ACOEM Chapter 12 Low Back Complaints was cited. On 01/12/2015, the injured worker submitted an application for IMR for review of the non-certified items.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Knee arthroscopy with lateral release:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-352.

**Decision rationale:** The ACOEM Guidelines support the use of surgery when the worker has repeated episodes of the kneecap being pulled to the side during knee bending which causes symptoms. Surgery should only be used in those cases where repeated episodes have caused more conservative treatments to fail. The submitted and reviewed documentation did not include a discussion suggesting this situation was occurring or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a right knee arthroscopy with lateral release is not medically necessary.

**CT Myelogram-lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

**Decision rationale:** The MTUS Guidelines discuss that cervical myelograms carry a rather significant risk for complications with approximately the same overall ability to identify a problem with the body's structure that would explain a worker's symptoms compared with other forms of advanced imaging. The submitted and reviewed documentation did not include a discussion that suggested special issues or circumstances that sufficiently demonstrated an increased benefit over the significant potential risks from the requested study. In the absence of such evidence, the current request for a CT myelogram of the lumbar spine region is not medically necessary.

**EMG/NCV BLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): page(s) 287-326, page(s) 165-188, page 261.

**Decision rationale:** The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. This testing is recommended to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The submitted and reviewed documentation reported the worker was suffering from right wrist strain/sprain and on-going discomfort despite treatment with L4 fusion surgery and knee surgery. Documented examinations described findings consistent with radiculopathy. There was no discussion suggesting subtle neurologic findings or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an electromyography (EMG) and nerve conduction velocity (NCV) testing of both legs is not medically necessary.