

Case Number:	CM15-0009549		
Date Assigned:	01/27/2015	Date of Injury:	04/27/2014
Decision Date:	03/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year-old male who reported an injury on 04/27/2014, due to an unspecified mechanism of injury. On 11/05/2014, he presented for a followup evaluation regarding his work related injury. He reported pain in the neck and lower back that had been the same, as well as pain in the right knee that was the same, but very sore and swollen. He used a cane full time and had also developed pain in the left knee. The physical examination of the cervical spine showed that he was using a cane full time. Examination of the knee showed right flexion and extension at 90 degrees and -5 degrees. He was diagnosed with displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral without myelopathy and other internal derangement of the knee. The treatment plan was for an EMG and NCS of the upper extremities, followup with ortho to address right knee, followup with pain management to address cervical and LL, and followup with MD for pain medications if needed. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), EDS

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

Decision rationale: According to the California ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination is sufficient evidence to warrant imaging or electrodiagnostic testing for those who do not respond to conservative care. The documentation provided did not indicate that the injured worker has tried and failed all recommended forms of conservative treatment to support the request. Also, there is lack of evidence showing that he the presence of neurological deficits on physical examination to support electrodiagnostic testing. Therefore, the request is not supported. As such, the request is not medically necessary.

Follow up with ortho to address right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined upon a review of the injured worker's signs and symptoms, clinical stability and physical examination findings. The documentation provided does not indicate that the injured worker has any significant functional deficits or to support the requested followup visit. There is no evidence that he is taking any pain medications that would require followup, and he does not have any significant problems evident within the report that would support the request. Also, a clear rationale was not provided for the medical necessity of the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Follow up with pain management to address cervical and LL: 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) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined upon a review of the injured worker's signs and symptoms, clinical stability and physical examination findings. The documentation provided does not indicate that the injured

worker has any significant functional deficits or to support the requested followup visit. There is no evidence that he is taking any pain medications that would require followup, and he does not have any significant problems evident within the report that would support the request. Also, a clear rationale was not provided for the medical necessity of the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Follow up with MD for pain meds if needed: 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) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined upon a review of the injured worker's signs and symptoms, clinical stability and physical examination findings. The documentation provided does not indicate that the injured worker has any significant functional deficits or to support the requested followup visit. There is no evidence that he is taking any pain medications that would require followup, and he does not have any significant problems evident within the report that would support the request. Also, a clear rationale was not provided for the medical necessity of the request. Therefore, the request is not supported. As such, the request is not medically necessary.