

<b>Case Number:</b>	CM15-0107642		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/23/1999
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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

Certification(s)/Specialty: Emergency 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 (IW) is a 43-year-old female who sustained an industrial injury on 04/23/1999. Diagnoses include internal derangement of the bilateral knees, multiple medical issues including fibromyalgia and rheumatic conditions and multiple orthopedic conditions, status post multiple orthopedic surgeries of the spine. Treatment to date has included medications, physical therapy, acupuncture, bracing, surgery, epidural steroid injections and TENS unit. According to the Primary Treating Physician's Comprehensive Orthopedic Consultation and Report dated 4/24/15 the IW reported fibromyalgia pain; intermittent neck pain radiating to the bilateral shoulders with occasional numbness and tingling in the bilateral hands and fingers; intermittent bilateral shoulder pain radiating to the neck and right arm; frequent right elbow pain radiating to the hand; continuous back pain radiating to the right lower extremity and frequent bilateral knee pain with associated episodes of swelling and occasional instability causing her to lose her balance. Patient is post arthroscopic knee procedure done on 2/11/15. On examination of the knees, there was a small effusion and positive patellofemoral grind bilaterally, worse on the right, and medial and lateral joint line tenderness. Healing scar with some ecchymosis. Motor strength, sensation and deep tendon reflexes of the upper and lower extremities were normal. MRIs of the bilateral knees dated 6/15/14 showed the IW had bilateral lateral meniscus cleavage tears. A request was made for physical therapy for the right knee twice weekly for four weeks; MRI of the right elbow; and electromyography (EMG)/nerve conduction velocity (NCV) studies of the bilateral upper extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Physical therapy 2 times a week for 4 weeks right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** As per MTUS post surgical treatment guidelines it is recommended that patient receive up to 12 PT sessions after procedure that was performed. Patient reportedly has completed 24 PT sessions. There is no justification as to why patient cannot perform home directed PT or exercise with skills learned during PT. Additional PT is excessive and is not medically necessary.

**MRI right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**Decision rationale:** As per MTUS ACOEM guidelines, imaging of elbow is only recommended in situations of new onset deficits, failure to progress in treatment and emergence of red flag findings. Provider has failed to document any signs that meet these criteria or provide any prior imaging reports. Documentation fails to support need for an elbow MRI.

**EMG/NCV studies bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Electrodiagnostic testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 182 and 272.

**Decision rationale:** EMG and NCV requested by provider are 2 different tests, testing for different pathologies. If one test is not recommended, this requested will be considered not medically necessary as per MTUS independent medical review guidelines. 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 is signs of median or ulnar nerve entrapment. There is no change in physical exam or exam consistent with carpal tunnel. There is no rationale provided for requested test. NCV is not medically necessary

As per ACOEM Guidelines, EMG is not recommended if prior testing, history and exam is consistent with nerve root dysfunction. EMG is recommended if pre procedure or surgery is being considered. Pt has not had any documented changes in neurological exam or complaints. There is no exam or signs consistent with radiculopathy. There is no rationale about why testing is requested for a chronic condition. EMG is not medically necessary. EMG and NCV of bilateral upper extremities are not medically necessary.