

Case Number:	CM15-0134414		
Date Assigned:	07/22/2015	Date of Injury:	05/13/2014
Decision Date:	08/26/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: 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 50 year old female, who sustained an industrial injury on 5/13/2014. She reported a trip and fall resulting in injury to the neck, left shoulder, low back and bilateral knees. Diagnoses include chondromalacia patella of the right knee, traumatic internal derangement left knee with torn meniscus, left knee popliteal tendon complex with chondromalacia and left knee chondral defect, cervical strain, and lumbar strain. Treatments to date include anti-inflammatory NSAID, Tramadol, physical therapy and acupuncture treatments. Currently, she had complaints of pain in multiple body areas including the neck, mid and low back, bilateral hips and bilateral knees. On 6/9/15, the physical examination documented multiple areas of tenderness with palpation and decreased range of motion. The plan of care included electromyogram and nerve conduction studies (EMG/NCS) of bilateral upper and lower extremities. The appeal requested authorization for somatosensory testing for upper and lower extremities between 6/17/15 and 8/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Somatosensory testing for the upper and lower extremities: 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), Forearm, Wrist & Hand, Knee & Leg, Electrodiagnostic studies.

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 Chapter under Somatosensory Evoked Potentials, Neck and upper Back chapter under Somatosensory Evoked Potentials.

Decision rationale: Based on the 07/28/15 progress report provided by treating physician, the patient presents with neck, upper back, lower back, left shoulder, bilateral hip and bilateral knee pain. The request is for ONE (1) SOMATOSENSORY TESTING FOR THE UPPER AND LOWER EXTREMITIES. The Request for Authorization form is dated 05/21/15. Physical examination reveals there is tenderness to palpation of the bilateral trapezii, bilateral upper trapezii, C3-C4 spinous process, C4-C7 spinous processes, cervical paravertebral muscles and spinous processes. Cervical compression causes pain. There is tenderness to palpation of the bilateral trapezii, T8-T12 spinous processes and thoracic paravertebral muscles. There is tenderness to palpation of the bilateral SI joints, L3-L5 spinous processes, L5-S1 spinous processes, lumbar paravertebral muscles and spinous processes. Straight leg raise causes pain. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, bicipital Groove, inferior border of the scapula, lateral shoulder, levator scapulae, medial border of the scapula, posterior shoulder, rhomboid and supraspinatus. There is tenderness to palpation of the anterior hip and lateral hip of the right hip. There is tenderness to palpation of the anterior hip, lateral hip, posterior hip and SI joint of the left hip. There is right knee tenderness to palpation of the anterior knee, medial border of patella, medial joint line, medial knee and superior border of patella. There is left knee tenderness to palpation of the lateral border of patella, lateral joint line, lateral knee medial border of patella, medial joint line and medial knee. McMurray's is positive bilaterally. Patient's medications include Naproxen, Omeprazole, Cyclobenzaprine, Tramadol, Ibuprofen and Ketoprofen. Per progress report dated 07/28/15, the patient is to remain off-work. The ACOEM and MTUS guidelines do not discuss Somatosensory Evoked Potentials. ODG Guidelines, Low Back Chapter under Somatosensory Evoked Potentials states: Recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. See the Neck Chapter. ODG Guidelines, Neck and upper Back chapter under Somatosensory Evoked Potentials states: "Recommended as a diagnostic option for unexplained myelopathy and/or in unconscious spinal cord injury patients. Not recommended for radiculopathies and peripheral nerve lesions where standard nerve conduction velocity studies are diagnostic. Sensory evoked potentials (SEPs) may be included to assess spinal stenosis or spinal cord myelopathy." Treater does not discuss the request. In this case, there is no indication that the patient presents with myelopathy, spinal cord injury or spinal stenosis to warrant such testing. Therefore, the request is not medically necessary.