MAXIMUS Federal Services

Case Number:	CM15-0147114		
Date Assigned:	08/10/2015	Date of Injury:	09/08/2011
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 61-year-old who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of December 8, 2011. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for viscosupplementation injection therapy, lumbar MRI imaging, and electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced an RFA form received on July 8, 2015 in its determination. The applicant's attorney subsequently appealed. On June 4, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of knee and low back pain. In an RFA form dated June 30, 2015 viscosupplementation injection therapy was sought. In an associated progress note dated June 29, 2015, the applicant was described as having knee arthritis status post failed arthroscopic knee surgery. The applicant had knee x-rays in the clinic demonstrating multi-compartmental degenerative changes, which were also evident on earlier MRI imaging of 2013, it was reported. The applicant was using naproxen for pain relief and had difficulty negotiating stairs, it was reported. Painful knee range of motion was appreciated in the clinic. The attending provider also noted that the applicant exhibited limited knee range of motion. Viscosupplementation injection therapy was sought, seemingly for the purposes of delaying the applicant's pursuit of a knee arthroplasty. The applicant was using Vytorin, naproxen, Toprol, and Flexeril, it was reported. On July 8, 2015, the applicant reported ongoing complaints of knee pain. The applicant was pending viscosupplementation injection therapy, it was suggested. The applicant was placed off of work, on total temporary disability. MRI imaging of lumbar spine and electrodiagnostic

testing of bilateral lower extremities were sought on the grounds that these had been recommended by another one of the applicant's treating provider. It was not stated how (or if) the proposed MRI study and electrodiagnostic testing would influence or alter the treating plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viscosupplementation injection X 3 to left knee-one time: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee chapter, hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Knee Disorders, pg. 687.

Decision rationale: Yes, the request for three viscosupplementation injections for the knee is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter does acknowledge that viscosupplementation injections are recommended in the treatment of moderate-to-severe knee osteoarthrosis, as was/is present here. The applicant was described as having fairly advanced arthritic changes. The treating provider suggested that the proposed viscosupplementation injections would ultimately be employed to defer the need for more definitive treatment via a total knee arthroplasty. Moving forward with the viscosupplementation injection(s) in question was, thus, indicated, particularly in light of the fact that ACOEM notes that these injections are most effective in those individuals in age of 60 and 75. Here, the applicant was 61 years old and had clinically-evident, radiographically-confirmed knee arthritis. Therefore, the request is medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic) chapter, MRI's (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Conversely, the request for lumbar MRI imaging is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. A

progress note of July 8, 2015 did not clearly recount or described the applicant's low back pain complaints on that date. The requesting provider seemingly ordered the study in question on the grounds that another one of the applicant's providers had suggested pursuit of the same. It did not appear, thus, that the applicant was intent on acting on the results of the study in question. There was, thus, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or consider surgical intervention based on the outcome of the same. Therefore, the request is not medically necessary.

NCS/EMGs lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back-lumbar and thoracic (acute and chronic) chapter, EMGs (electromyography).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309; 377.

Decision rationale: Similarly, the request for electrodiagnostic testing (EMG-NCS) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that EMG testing is recommended to clarify a diagnosis of nerve root dysfunction, here, however, there was no mention of the applicant's carrying a bona fide diagnosis of nerve root dysfunction on the July 8, 2015 progress note on which the article in question was proposed. Said progress note primarily discussed the applicant's knee pain complaints. There was little-to-no mention of the applicant's low back pain complaints. It was not clearly stated what was sought. It was not clearly stated what was suspected insofar as the EMG component of the request was concerned. The requesting provider seemingly stated that he was ordering the study in question on the grounds that another of the applicant's treating providers had requested the same. It did not appear, thus, the applicant had a bona fide diagnosis of nerve root dysfunction for which EMG testing was indicated, per the July 8, 2015 progress note in question. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that the usage of electrical studies (AKA nerve conduction testing) is deemed "not recommended" absent some compelling evidence of tarsal tunnel syndrome or other focal entrapment neuropathy. Here, the July 8, 2015 progress note did not furnish a differential diagnosis list. There was no mention of the applicant's having issues with suspected tarsal tunnel syndrome, focal entrapment neuropathy, etc. There was no mention of the applicant's carrying any systemic diagnosis or disease process such as diabetes, alcoholism, hypothyroidism, etc., which would have heightened the applicant's predisposition toward development of a generalized peripheral neuropathy. Thus, the NCS component of the request was likewise not indicated. Since both the EMG and NCS components of the request were not indicated, the entire request was not indicated. Therefore, the request is not medically necessary.