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| Case Number: | CM15-0149462 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 07/05/2014 |
| Decision Date: | 09/14/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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 34-year-old who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of July 5, 2014. In two separate Utilization Review reports dated July 13, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral lower extremities and knee MRI imaging. A July 1, 2015 progress note was referenced in the determination. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On July 1, 2015, the applicant reported ongoing complaints of knee and low back pain with attendant difficulty standing, walking, and negotiating stairs. 12 sessions of physical therapy for the knee and ankle were sought. The applicant was working regular duty, the treating provider acknowledged, despite ongoing complaints of knee and ankle pain. MRI imaging of the knee was sought to search for a meniscal or cruciate ligament tear. Electrodiagnostic testing of bilateral lower extremities was also sought to rule out peripheral nerve entrapment about the lower extremities. The attending provider did not state how the proposed knee MRI and/or electrodiagnostic testing would influence and alter the treatment plan. The applicant was given diagnoses of foot sprain and knee sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 347; 377.

Decision rationale: No, the request for electrodiagnostic testing of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347, electrical studies such as the EMG-NCV at issue are deemed (not recommended) and contraindicated for nearly all knee injury diagnoses. Here, the applicant's primary pain generator was seemingly the knee, i.e., body part for which electrical studies are deemed "not recommended," per the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347. Similarly, the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 also notes that electrical studies for routine foot and ankle problems are deemed "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Here, the requesting provider stated on July 1, 2015 that he was intent on performing electrodiagnostic testing for ruling out a peripheral neuropathy. The attending provider did not state, however, why a peripheral neuropathy was suspected. The attending provider gave the applicant diagnoses of foot sprain and knee sprain on July 1, 2015. The attending provider made no mention of the applicant's past medical history. There was no mention of the applicant's carrying a superimposed diagnosis or disease process such as hypothyroidism, diabetes, alcoholism, etc., which would have heightened the applicant's predisposition towards development of a generalized peripheral neuropathy. It appeared, in short, that the attending provider was ordering the testing in question for routine evaluation purposes, without any clear or compelling suspicion of a peripheral neuropathy, entrapment neuropathy, carpal tunnel syndrome, etc. Therefore, the request was not medically necessary.

MRI right knee without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: Similarly, the request for MRI imaging of the knee without contrast was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated that on July 1, 2015 that he was ordering MRI imaging of the knee to "rule out" a meniscal or cruciate ligament tear on the grounds that the applicant continued to be symptomatic. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can confirm a diagnosis of meniscus tear, the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 qualifies its position by noting that such testing is indicated only if surgery is being considered. Here, however, there was no mention of the applicant's actively considering or contemplating any kind of surgical intervention involving the injured knee as of the date in question, July 1, 2015. Therefore, the request was not medically necessary.