

Case Number:	CM15-0165144		
Date Assigned:	09/02/2015	Date of Injury:	09/23/2014
Decision Date:	10/21/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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, Pain Management

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 sustained an industrial injury on September 23, 2014 resulting in bilateral knee pain. Diagnoses include status post left knee arthroscopic surgery and right knee strain or sprain. Documented treatment includes left knee arthroscopic surgery on April 19, 2015, 14 sessions of physical therapy with report of no improvement, medication, and use of a cane. The injured worker continues to complain of intermittent bilateral knee pain, with locking and popping, and pain and numbness, which radiates down both legs to his feet. The treating physician's plan of care includes physical therapy for the bilateral knees, an internal medicine evaluation, an inferential unit, left knee brace, MRI arthrogram of the left knee, and electromyography and nerve conduction velocity studies of the bilateral lower extremities. The worker's current work status is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Regarding the request for physical therapy, California MTUS Post-Surgical Treatment Guidelines recommend up to 12 total PT sessions after meniscectomy, with half that amount recommended initially. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of left knee medial meniscectomy. The progress note from 7/15/15 documents that 14 sessions of post-operative PT have been completed and no functional improvement has been noted. A request for additional PT exceeds the amount of PT recommended by the CA MTUS and because no improvement is noted to date, it is unclear why additional PT would be expected to be any different. Given this, the current request for physical therapy is not medically necessary.

Internal medicine evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for internal medicine consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In this case, the request for internist consultation is secondary to high blood pressure. However, the industrially relatedness of this issue has not been established. If there is a debate regarding causation of this, an AME/IME should be carried out to establish causation. It is beyond the scope of the IMR process to determine industrially relatedness. Therefore, this request is not deemed medically necessary until it is accepted as part of the industrial claim. Meanwhile, the worker should seek medical attention outside of the worker's compensation system for this issue.

IF (Interferential) unit, quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of

objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is indication that the patient has significant pain from a postoperative condition, which limits the ability to perform exercises. However, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement. The IMR process does have any provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

Left knee brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Knee brace.

Decision rationale: Regarding the request for a knee brace, ACOEM Practice Guidelines state that a brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability although its benefits "may be more emotional than medical." Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. Furthermore, the ODG state that prefabricated knee bracing (rather than custom) may be appropriate for knee instability, ligament insufficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, and tibial plateau fracture. Custom-fabricated knee braces may be appropriate for patients with abnormal limb contour (valgus or varus deformity), skin changes (i.e., redundant soft skin, thin skin with risk of breakdown), severe osteoarthritis (grade III or IV), maximal off-loading of painful or repaired knee compartment (example: heavy patient; significant pain), and severe instability as noted on physical examination of knee." Within the documentation available for review, there is no indication that the patient has any of the diagnoses for which a knee brace is indicated. Although the patient had left knee meniscectomy, there is a recent exam from date of service 7/15/15 that indicates the absence of instability of the knee. In the absence of such documentation, the currently requested knee brace is not medically necessary.

MRI (Magnetic Resonance Imaging) arthrogram of the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, MRI Topic.

Decision rationale: Regarding the request for MR arthrogram of the knee, ACOEM indicate the most knee problems improve quickly once any red flag issues are ruled out. They go on to indicate that MRIs are superior to arthrography for both diagnosis and safety reasons. More detailed recommendations are found in the ODG, which states that arthrography is recommended as a postoperative option to help diagnose a suspected residual or recurrent tear. "Recommended as a postoperative option to help diagnose a suspected residual or recurrent tear,

for meniscal repair or for meniscal resection of more than 25%. In this study, for all patients who underwent meniscal repair, MR arthrography was required to diagnose a residual or recurrent tear. In patients with meniscal resection of more than 25% who did not have severe degenerative arthrosis, avascular necrosis, chondral injuries, native joint fluid that extends into a meniscus, or a tear in a new area, MR arthrography was useful in the diagnosis of residual or recurrent tear. Patients with less than 25% meniscal resection did not need MR arthrography. (Magee, 2003)" Within the documentation available for review, there is documentation that the patient has previously undergone surgical intervention of the left knee. The patient had left knee meniscal surgery on April 19, 2015. There is continued pain and examination findings from 7/15/15 indicate tenderness to palpation along the joint line as well as positive McMurray's sign, suggesting the possibility of continued meniscal issues. Given this clinical picture, the currently requested arthrogram of the left knee is medically necessary.

EMG (Electromyography)/NCV (Nerve Conduction Velocity) studies of the bilateral lower extremities: Overturned

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Electrodiagnostic Studies.

Decision rationale: With regard to EMG/NCS of the lower extremities to evaluate for lumbar radiculopathy, Section 9792.23.5 of the California Code of Regulations, Title 8, page 6 adopts ACOEM Practice Guidelines Chapter 12. ACOEM Chapter 12 on page 303 states: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The update to ACOEM Chapter 12 Low Back Disorders on pages 60-61 further states: "The nerve conduction studies are usually normal in radiculopathy (except for motor nerve amplitude loss in muscles innervated by the involved nerve root in more severe radiculopathy and H-wave studies for unilateral S1 radiculopathy). Nerve conduction studies rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy at the proximal fibular, etc.) that can mimic sciatica." Further guidelines can be found in the Official Disability Guidelines. The Official Disability Guidelines Low Back Chapter, states the following regarding electromyography: "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. (Bigos. 1999) (Ortiz-Corredor. 2003) (Haig. 2005) EMGs may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA 2001)" With regard to nerve conduction studies, the Official Disability Guidelines Low Back Chapter states: "Nerve conduction studies (NCS) section: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah. 2006)" However, it should be noted that this guideline has lower precedence than the ACOEM Practice Guidelines which are incorporated into the California Medical Treatment and Utilization Schedule, which do recommend NCS. Therefore, nerve conduction studies are recommended in evaluations for lumbar radiculopathy. Within the documentation available for review, there is a neurologic examination documenting abnormalities in the sensory systems to suggest a diagnosis of specific nerve compromise. The requesting provider feels this is possibly due to lumbar radiculopathy. This is documented in a note from date of service 7/15/15. Given this, the current request is medically necessary.