MAXIMUS Federal Services

Case Number:	CM15-0167592		
Date Assigned:	09/08/2015	Date of Injury:	10/28/2009
Decision Date:	10/28/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/25/2015

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: New York
Certification(s)/Specialty: Internal 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 is a 55 year old female, who sustained an industrial injury on October 28, 2009. The injured worker was diagnosed as having lumbar radiculopathy and right knee strain-sprain, internal derangement and degenerative joint disease (DJD). Treatment to date has included magnetic resonance imaging (MRI), electromyography (EMG) and medication. A progress note dated June 4, 2015 provides the injured worker complains of low back and right knee pain rated 5-6 out of 10. She reports the pain radiates to the legs with numbness, tingling and burning. Physical exam notes decreased lumbar range of motion (ROM) with positive Lasegue's test and tenderness to palpation. There is a right knee healed incision with tenderness to palpation, positive chondromalacia patella compression test and decreased range of motion (ROM). There is a request for electromyography (EMG) and nerve conduction study (NCS) of lower extremities, MR arthrogram and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: The California MTUS/ACOEM Guidelines state, "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 ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treating provider notes indicate diagnosis of Lumbar Radiculopathy in this injured worker. The objective findings on examination did not include clear evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electrodiagnostic studies. The request for an EMG/NCV of the bilateral lower extremities is not medically necessary and appropriate.

MR Arthrogram of the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter---MR arthrography.

Decision rationale: Official Disability Guidelines (ODG) Recommends MR arthrography 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. As per MTUS/ACOEM -- Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. The notes submitted by the treating provider

are not clear about the need for MR Arthrogram. There is no documentation of recent surgery. Submitted medical records indicate this injured worker has chronic pain secondary to Osteoarthritis. Based on the currently available information in the submitted Medical Records of this injured worker, and per review of guidelines, the medical necessity for MR Arthrogram of the right knee has not been established, therefore is not medically necessary.

Lab work: BUN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Labtestsonline.org.

Decision rationale: CA MTUS and ODG do not address this; therefore, alternate guidelines including UpToDate were reviewed. As in this injured worker MR Arthrogram of the right knee has been determined not medically necessary and appropriate, therefore, the medical necessity of requested treatment Lab work: BUN has not been established, therefore is not medically necessary.

Lab work: Creatine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Labtestsonline.org.

Decision rationale: CA MTUS and ODG do not address this, therefore, alternate guidelines including Uptodate were reviewed. As in this injured worker MR Arthrogram of the right knee has been determined not medically necessary and appropriate, therefore, the medical necessity of requested treatment Lab work: Creatine has not been established, therefore is not medically necessary.