

Case Number:	CM15-0181559		
Date Assigned:	09/22/2015	Date of Injury:	06/22/2015
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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 [REDACTED] beneficiary who has filed a claim for neck pain, back pain, shoulder pain, and knee pain reportedly associated with an industrial injury of July 22, 2015. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for knee MR arthrography, lumbar MRI imaging, and electrodiagnostic testing of right upper extremity. The claims administrator referenced a July 29, 2015 office visit and associated RFA form of the same date in its determination. On said July 29, 2015 RFA form, MR arthrography of the knee, lumbar MRI imaging, electrodiagnostic testing of the right upper extremity, physical therapy, massage therapy, ultrasound therapy, manipulative therapy, functional capacity evaluation, a lumbar support, a cane, and a knee brace were endorsed. In an associated Doctor's First Report (DFR) dated July 29, 2015, the applicant reported multifocal complaints of mid back pain, neck pain, headaches, sleep disturbance, upper back pain, low back pain, shoulder pain, knee pain, and associated sleep disturbance. The applicant did have comorbid diabetes, asthma, unspecified mental illness, and unspecified kidney disease. The applicant exhibited a positive McMurray maneuver about the right knee, it was stated with tenderness about the cervical paraspinal and trapezius musculature. Tenderness about the elbow epicondylar region was also reported. Hyposensorium about the C5-C6 distribution was noted. The applicant was given various diagnoses, including strain of the cervical spine, left-sided cervical radiculitis, thoracic strain, lumbar strain, elbow epicondylitis, anxiety, tension, and psychological stress. MRI imaging of the lumbar spine to rule out a herniated disk, MR arthrography of the right knee, electrodiagnostic testing of the right upper extremity and 8

sessions of physical therapy were sought. Manipulative treatment was also sought. A cane, lumbar support, and knee support were dispensed while the applicant was placed off of work, on total temporary disability. A functional capacity evaluation was also endorsed. There was no mention of how (or if) any of the diagnostic testing in question would influence or alter the treatment plan. The report was co-signed by a chiropractor (DC) and a family practitioner.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Knee and Leg Procedure Summary Online Version last updated 5/5/2015.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: No, the request for MR arthrography of the knee was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 does acknowledge that MRI imaging can be employed to confirm a diagnosis of meniscus tear, as was seemingly suspected here, 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 contemplated. Here, however, the attending provider's July 29, 2015 office visit made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the injured knee based on the outcome of the study in question. Rather, it was suggested that the attending provider had ordered multiple diagnostic studies for routine evaluation purposes, without any clearly formed intention of the acting on the results of same. The fact that requesting provider(s) were a chiropractor and a family practitioner, moreover, further reduced the likelihood of the applicant's going on to consider surgical intervention based on the outcome of the study in question. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Low Back Procedure Summary Online Version last updated 7/17/2015.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was 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 is being evaluated. Here, as with the preceding request, however,

the July 29, 2015 progress note made no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The fact that the requesting providers were a chiropractor and family practitioner further reduced the likelihood of the applicant's going on to pursue surgical intervention based on the outcome of the same. 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 go on to consider surgical intervention based on the results of the same. Therefore, the request was medically necessary.

EMG/NCV of the right upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Neck & Upper Back Procedure Summary Online Version last updated 6/25/2015, Low Back Procedure Summary Online Version last updated 7/17/2015.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: Similarly, the request for electrodiagnostic testing of the right upper extremity was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 269 does acknowledge that electrical studies (AKA electrodiagnostic testing) may be indicated in applicants with suspected peripheral nerve impingement if no improvement or worsening has occurred within four to six weeks, here, however, the request in question was initiated on July 29, 2015, i.e., on the date of the applicant's first visit with the requesting provider. It did not appear that the attending provider had given conservative treatment a chance to take effect before seeking electrodiagnostic testing of the right upper extremity. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of the NCV or EMG testing in the diagnostic evaluation of the applicants with suspected nerve entrapment is deemed "not recommended." Here, the fact that the requesting provider sought authorization for MR arthrography of the knee, MRI imaging of the lumbar spine, and electrodiagnostic testing of the right upper extremity, taken together, strongly suggested that said testing was in fact ordered for routine evaluation purposes, without any clearly formed intent of acting on the results of the same. Therefore, the request was not medically necessary.