

Case Number:	CM15-0182031		
Date Assigned:	09/23/2015	Date of Injury:	06/11/2001
Decision Date:	10/27/2015	UR Denial Date:	08/27/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 62 year old male who sustained an industrial injury on June 11, 2001. A recent primary treating office visit dated August 07, 2015 reported subjective complaint of "continued pain in both of his knees." He has swelling with excessive activities. He states that he is working on a construction site requiring more walking and the walking is noted on uneven ground; even performs climbing. The "patient has radiating pain and numbness in both feet, right greater." Objective assessment found bilateral knees: range of motion is zero to 125 degrees. There is "medial joint line tenderness to palpation", "effusion is present". The following diagnosis was applied to this visit: bilateral knee internal derangement. The plan of care noted continuing with medications Voltaren, Flexeril, and Vicodin. There is note of orthopedic consultation noted with recommendation for injections and partial knee replacement. There is noted additional documentation dated August 07, 2015 primary treating showing re-peat date of appointment and what looks to be another PR-2 for date of service August 07, 2015 that reported additional plan of care recommendation to include: recommending nerve conduction study of all extremities evaluating cervical, lumbar spine radiculopathy versus peripheral nerve compression syndrome. Furthermore, there is recommendation for chiropractic treatment for lumbar spine: undergo magnetic resonance imaging of lumbar spine and referred for surgical consultation. Primary follow up dated February 13, 2015 reported subjective complaint of "pain continues for both knees". The patient has radiating pain to the right foot with numbness and tingling into right foot. Another instance of two dates of service documented for February 13, 2015 primary treating follow up both with different information. This second follow up visit

note dated February 13, 2015 noted the plan of care with recommendation for nerve conduction study of all extremities; undergo a MRI, and for surgical consultation. March 23, 2015 primary treating follow up is with recommendation for: surgical consultation for total knee replacement. Again there is another primary follow up dated March 23, 2015 with plan of care recommendation for nerve conduction study of all extremities, undergo MRI, and course of chiropractic therapy. On August 18, 2015 request was made for the following services: chiropractic care treating lumbar spine 16 session; outpatient office visit, consultation, and nerve conduction study of all extremities with note of denial of request due to: no significant evidence found within the supporting documentation regarding outcomes, improvement etc of any previous chiropractic care received. In addition, the consultation outpatient visit request did not fall into the guidelines required definitions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2x8 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Guidelines recommend a trial of 6 sessions, which may be extended up to 18 sessions as long as there is documentation of functional improvement. In this case, the patient has had chiropractic sessions in the past, but there is no documentation of the amount of chiropractic care that the claimant has received. There was no documentation of new injury or aggravation. The current request for chiropractic treatment 2 x 8 (16 sessions) for lumbar spine is not medically necessary.

Office/outpatient visit (referral for spinal surgical consultation): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent Medical Examinations and Consultation.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: Guidelines state that a consult may be obtained to aid in the diagnosis, prognosis, therapy, determination of medical stability, and examine fitness for return to work. In this case, there is no documentation of a neurological examination and no documentation of radiculopathy. An MRI showed no signs of compression of neurological structures. The request for Office/outpatient visit referral for spinal surgical consultation is not medically appropriate and necessary.

EMG/NCV of both upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Electrodiagnostic Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG.

Decision rationale: Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with extremity or back pain lasting more than 3-4 weeks. In this case, there are no new findings that differ from findings on the prior examinations and there is a lack of peripheral nerve dysfunction. The request for EMG of the upper and lower extremities is not medically appropriate and necessary.