

<b>Case Number:</b>	CM15-0183625		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/11/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 chronic knee pain reportedly associated with an industrial injury of May 11, 2015. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for a neurology consultation to include electrodiagnostic testing and 6 sessions of physical therapy. The claims administrator did approve request for oral Voltaren. The claims administrator stated that its decision was based on MTUS Guidelines but did not incorporate the text of the same into its report. An August 14, 2015 office visit was referenced in the determination. On a September 9, 2015 RFA form, neurology consultation to include electrodiagnostic testing of the right wrist was proposed, in addition to 6 sessions of physical therapy for the knee. In an associated Doctor's First Report (DFR) dated August 14, 2015, the applicant reported having injured his wrist and knee some 3 months prior. The applicant had apparently treated elsewhere. The applicant had been diagnosed with a posterior cruciate ligament tear of the knee. Persistent complaints of knee pain were noted. The applicant stated that his thumb would get numb with usage. The applicant exhibited a positive Tinel sign about the thumb. Six sessions of physical therapy were endorsed. Oral Voltaren was prescribed. It was acknowledged that the applicant had transferred care from a prior provider. The applicant was placed off of work, on total temporary disability, it was suggested about the bottom of the note. The applicant was able to perform home exercise with a bike and an elliptical machine, it was stated, somewhat incongruously. In an earlier note dated July 6, 2015, it was stated that the applicant had completed 12 sessions of physical therapy through that point in time and that the applicant was

working modified duty as of that date. The applicant was given a relatively permissive 50-pound lifting limitation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Outpatient neurology consult with EMG and NCV: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and ODGs web edition guidelines.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Yes, the request for an outpatient neurology consultation with EMG and NCV is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 269, electrical studies "may be indicated" in cases of suspected peripheral nerve impingement if no improvement or worsening has occurred within 4-6 weeks. Here, the request in question was initiated on August 14, 2015, i.e., on or around the 3-month mark of the date of injury. The applicant alleged that he had persistent complaints of thumb numbness which had been present for some time. The applicant exhibited a positive Tinel sign about the right wrist, suggestive or evocative of suspected carpal tunnel syndrome or median neuropathy. As suggested in the MTUS Guideline in ACOEM Chapter 11, page 269, electrical studies in the form of the EMG and NCV in question were, thus, indicated. The MTUS Guideline in ACOEM Chapter 5, page 92 further stipulates that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider (PTP) was likely ill-equipped to address and/or perform the electrodiagnostic testing in question. Obtaining the added expertise of a practitioner capable of performing such testing, namely a neurologist was, thus, indicated. Since both the electrodiagnostic testing and neurology consultation components of the request were indicated, the entire request was indicated. Therefore, the request is medically necessary.

#### **Outpatient physical therapy 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and ODGs web edition guidelines.

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

**Decision rationale:** Conversely, the request for 6 additional sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (at least 12 sessions through July 6, 2015), seemingly well in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here.

While it is acknowledged that not all these treatments necessarily transpired during the chronic pain phase of the claim, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines nevertheless stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was placed off of work, on total temporary disability, on August 14, 2015, despite receipt of 12 prior sessions of physical therapy. The applicant was working modified duty as of a historical note dated July 6, 2015. Thus, the applicant's work status was in fact trending unfavorably, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of 12 prior sessions of physical therapy. Therefore, the request for an additional 6 sessions of physical therapy is not medically necessary.