

<b>Case Number:</b>	CM15-0183642		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	12/08/2015	<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, California Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 62-year-old female patient who sustained industrial injuries on August 25, 2012. Diagnoses have included cervical spine musculoligamentous sprain or strain with bilateral upper extremity radiculopathy, thoracolumbar musculoligamentous sprain or strain, bilateral knee sprain or strain with patellofemoral arthralgia, and bilateral wrist sprain or strain, rule out carpal tunnel syndrome. Per the doctor's note dated 8-3-3015 she had complaints of pain in her neck, bilateral wrists, bilateral knees, left hand, and back pain radiating to her bilateral lower extremities. No pain ratings were provided. The physical examination revealed the cervical spine forward head carriage, tenderness to the bilateral paraspinal and right trapezius, and positive compression test, decreased range of motion; thoracic spine: normal kyphosis, tenderness with muscle spasm over the paraspinal musculature; lumbar spine: a decrease in lumbar lordosis, tenderness, and a sacroiliac stress test was positive bilaterally, decreased range of motion; bilateral wrist: tenderness over flexor and extensor tendons bilaterally, with positive Tinel's sign on the left, and negative Phalen's and Finkelstein's tests bilaterally; Bilateral knee: tenderness over medial and lateral joint lines and patellar region of both knees, bilateral crepitus and, negative anterior and posterior drawer tests, valgus stress tests and varus stress tests; neurological exams- decreased sensation in the left upper extremity at median nerve distribution C6-7 and decreased sensation in the left lower extremity L4 to S1 dermatomes, normal strength in bilateral upper and lower extremities. Range of motion was measured at all locations and deviations were noted. The current medications list is not specified in the records provided. Per the doctor's note dated 3/12/15, the medications list includes ultram and motrin. She had

cervical spine X-rays which revealed spondylosis at C3 to C7; lumbar spine X-rays which revealed degenerative changes at L5-S1 and mild spondylosis L1 to L5; bilateral knee X-rays which revealed chondrocalcinosis and tricompartmental osteoarthritis. Documented treatment includes reported unknown amounts of physical therapy sessions with no relief noted; left carpal tunnel release in 2014, left knee surgery 2013, three left knee injections(synvisc), and medication. The treating physician's plan of care includes a left medial unloader brace, 3 Synvisc injections to the left knee, MRI of the cervical and lumbar spine, and electromyogram and nerve conduction velocity studies of the bilateral upper and lower extremities. These were denied on 8-24-2015.

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

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

**Left medial unloader brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration.

**Decision rationale:** Left medial unloader brace. Per the ACOEM guidelines "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) 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. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Any evidence for the need of stressing the knee under load such as climbing ladders or carrying boxes is not specified in the records provided. Significant consistent evidence of patellar instability or anterior cruciate ligament (ACL) tear, is not specified in the records provided. Response to conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The Left medial unloader brace is not medically necessary for this patient at this time.

**Synvisc injection x3 to the left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Hyaluronic Acid Injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg(updated 07/10/15)Hyaluronic acid injections.

**Decision rationale:** Synvisc injection x3 to the left knee. ACOEM and CA MTUS do not address this request. Per the ODG Guidelines "Criteria for Hyaluronic acid injections:" Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative non pharmacologic (e.g., exercise) and pharmacologic treatments

or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;" Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. Pain interferes with functional activities (e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;" Failure to adequately respond to aspiration and injection of intra-articular steroids... Repeat series of injections: If documented significant improvement in symptoms for 6 months or more, and symptoms recur, may be reasonable to do another series. No maximum established by high quality scientific evidence; ..." Per the records provided the patient has chronic left knee pain. Failure to previous conservative therapy for the left knee including physical therapy is not specified in the records provided. Intolerance or lack of response to standard oral pharmacologic treatment (NSAIDS) is not specified in the records provided. In addition, the patient has had 3 left knee Synvisc injections in the past. The response in terms of functional improvement for more than 6 months with the previous injections is not specified in the records provided. The Synvisc injection x3 to the left knee is not medically necessary in this patient at this time.

**MRI scan of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MRI scan of the cervical spine. The ACOEM guidelines recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Response to recent conservative therapy including physical therapy for the cervical spine is not specified in the records provided. In addition, an electrodiagnostic study report with abnormal findings is not specified in the records provided. The MRI scan of the cervical spine is not medically necessary for this patient.

**MRI scan of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** MRI scan of the lumbar spine. Per the ACOEM low back guidelines "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." The records provided do not specify any progression of neurological deficits for this patient. Evidence of red flags is not specified in the records provided. Response to recent conservative therapy including physical therapy for the lumbar spine is not specified in the records provided. An electrodiagnostic study report with abnormal findings is not specified in the records provided. The MRI of the lumbar spine is not medically necessary for this patient at this juncture.

**EMG/NCV studies of the bilateral upper extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** EMG/NCV studies of the bilateral upper extremities. Per the cited guidelines "Electromyography(EMG),and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Per the records provided patient had neurological symptoms and signs in neck and upper extremities: pain in her neck, bilateral wrists and left hand. The physical examination revealed the cervical spine: forward head carriage, tenderness to the bilateral paraspinal and right trapezius, and positive compression test, decreased range of motion; bilateral wrist: tenderness over flexor and extensor tendons bilaterally, with positive Tinel's sign on the left, and negative Phalen's and Finkelstein's tests bilaterally; neurological exams: decreased sensation in the left upper extremity at median nerve distribution C6-7.Now, it is medically appropriate to perform EMG/NCV studies of the bilateral upper extremities to objectively evaluate the neurological symptoms in the upper extremities. The request of EMG/NCV studies of the bilateral upper extremities is medically appropriate and necessary for this patient.

**EMG/NCV of the bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, EMGs (electromyography), NCS (nerve conduction studies).

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

**Decision rationale:** EMG/NCV of the bilateral lower extremities. Per ACOEM guidelines, "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." Per the records provided the patient has back pain radiating to her bilateral lower extremities. The physical examination revealed lumbar spine: a decrease in lumbar lordosis, tenderness, and a sacroiliac stress test was positive bilaterally, decreased range of motion and decreased sensation in the left lower extremity L4 to S1 dermatomes. It is medically necessary and appropriate to do an EMG/ NCV of the lower extremity to diagnose lumbar radiculopathy and to evaluate the extent of involvement of the affected nerves as this will guide further management. The request of EMG/NCV of the bilateral lower extremities is medically necessary and appropriate for this patient at this time.