

Case Number:	CM15-0189503		
Date Assigned:	10/01/2015	Date of Injury:	05/14/2015
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female with a date of injury on 5-14-15. A review of the medical records indicates that the injured worker is undergoing treatment for her right hand, wrist and left knee. Progress report dated 8-28-15 reports complaints of lower back, right wrist, right hand and left knee pain. The left knee pain is the same and worsens with going upstairs, standing more than 30 minutes and walking more than one to two hours. The pain is rated 5 out of 10. MRI of the right wrist and hand showed no fractures. Radio-graph of left knee done on 5-14-15 revealed no abnormality. Treatments include: medication, physical therapy, hand immobilizer and home exercise program. She has completed 5 sessions of physical therapy so far. Physical exam: left knee is tender to palpation over the joint line, there is no crepitus or effusion noted, range of motion is limited and painful and McMurray's test is positive. Request for authorization was made for EMG of the right upper extremity per 8-28-15 order, nerve conduction studies of the right upper extremity per 8-28-15 order and MRI of the left knee per 8-28-15 order. Utilization review dated 9-16-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography of right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in May 2015 when, while working as a parking control officer, she tripped and fell in a pothole injuring her right wrist and hand and left knee. She has a past medical history of carpal tunnel syndrome with electrodiagnostic testing in July 2007 showing findings of mild bilateral carpal tunnel syndrome. When seen, her wrist and hand were improving. Lidoderm and Flexeril were being prescribed. Her left knee pain was neither worsening nor improving. She was having pain worse when walking upstairs, standing for more than 30 minutes, and walking for more than one-two hours. She had undergone five sessions of physical therapy and was performing a home exercise program. Physical examination findings included body mass index of nearly 29. There was a non-antalgic gait. Carpal tunnel testing was positive on the right side. There was left knee joint line tenderness with decreased range of motion. McMurray's testing was positive. Ibuprofen was prescribed. Authorization is being requested for right upper extremity electrodiagnostic testing and an MRI of the left knee. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has a history of carpal tunnel syndrome with prior electrodiagnostic testing done in July 2007. Her symptoms were improving and additional treatment with ibuprofen was started when the request was made. Without assessing her response to this treatment as well as for continued improvement, right upper extremity EMG or NCS testing was not medically necessary at the time of the request.

Nerve Conduction Velocity of right upper extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand, Electrodiagnostic studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic): Electrodiagnostic studies (EDS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in May 2015 when, while working as a parking control officer, she tripped and fell in a pothole injuring her right wrist and hand and left knee. She has a past medical history of carpal tunnel syndrome with electrodiagnostic testing in July 2007 showing findings of mild bilateral carpal tunnel syndrome. When seen, her wrist and hand were improving. Lidoderm and Flexeril were being prescribed. Her left knee pain was

neither worsening nor improving. She was having pain worse when walking upstairs, standing for more than 30 minutes, and walking for more than one-two hours. She had undergone five sessions of physical therapy and was performing a home exercise program. Physical examination findings included body mass index of nearly 29. There was a non-antalgic gait. Carpal tunnel testing was positive on the right side. There was left knee joint line tenderness with decreased range of motion. McMurray's testing was positive. Ibuprofen was prescribed. Authorization is being requested for right upper extremity electrodiagnostic testing and an MRI of the left knee. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, the claimant has a history of carpal tunnel syndrome with prior electrodiagnostic testing done in July 2007. Her symptoms were improving and additional treatment with ibuprofen was started when the request was made. Without assessing her response to this treatment as well as for continued improvement, right upper extremity EMG or NCS testing was not medically necessary at the time of the request.

MRI of left knee: Overturned

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, Indications for imaging.

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 (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in May 2015 when, while working as a parking control officer, she tripped and fell in a pothole injuring her right wrist and hand and left knee. She has a past medical history of carpal tunnel syndrome with electrodiagnostic testing in July 2007 showing findings of mild bilateral carpal tunnel syndrome. When seen, her wrist and hand were improving. Lidoderm and Flexeril were being prescribed. Her left knee pain was neither worsening nor improving. She was having pain worse when walking upstairs, standing for more than 30 minutes, and walking for more than one-two hours. She had undergone five sessions of physical therapy and was performing a home exercise program. Physical examination findings included body mass index of nearly 29. There was a non-antalgic gait. Carpal tunnel testing was positive on the right side. There was left knee joint line tenderness with decreased range of motion. McMurray's testing was positive. Ibuprofen was prescribed. Authorization is being requested for right upper extremity electrodiagnostic testing and an MRI of the left knee. An x-ray of the left knee on 05/14/15 showed findings of minimal marginal patellar spurring without acute abnormality. An MRI scan of the knee is sensitive and specific for detecting meniscal tears or ligament injury. Criteria for obtaining an MRI include trauma with suspected ligament or meniscal injury. In this case, the claimant has a history of trauma and has not improved after conservative treatments. The physical examination shows findings of positive McMurray testing which would be consistent with a meniscal injury. Prior x-rays were negative. The applicable criteria are met and the requested MRI was medically necessary.