

Case Number:	CM15-0193803		
Date Assigned:	10/07/2015	Date of Injury:	08/27/2012
Decision Date:	12/10/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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: 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 injured worker is a 38 year old male, who sustained an industrial injury on August 27, 2012, incurring left knee injuries. He was diagnosed with a left knee contusion, medial plica and chondromalacia patella with lateral subluxation. Treatment included bracing, 12 visits of physical therapy, pain medications, anti-inflammatory drugs, antidepressants, work modifications and activity restrictions. On March 13, 2013, the injured worker underwent an arthroscopy of the left knee with a medial plicectomy followed by physical therapy. On January 8, 2014, he underwent patellar realignment surgery followed by physical therapy. He complained of the left knee giving out and on October 14, 2014, he underwent a third left knee surgery with a repeat lateral release and open removal of hardware followed by more physical therapy. Currently, the injured worker complained of persistent left knee pain and weakness. He noted swelling and crepitation with motion of the knee. He used a cane and brace for mobility. The treatment plan that was requested for authorization included Electromyography studies of the left and right lower extremities; Nerve Conduction Velocity studies of the left and right lower extremities; DEXA scan, full body; high quality NMES unit. On September 23, 2015, a list of requests for testing was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG left lower extremity is not medically necessary.

EMG right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: According to the Official Disability Guidelines, EMG's are recommended as an option and may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. There is no presumptive diagnosis of peripheral nerve compression and there is no clear documentation of how this test result will change the treatment plan. Detailed evidence of severe and/or progressive neurological abnormalities has not been documented. EMG right lower extremity is not medically necessary.

NCS left lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. NCS left lower extremity is not medically necessary.

NCS right lower extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. Neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. NCS right lower extremity is not medically necessary.

DEXA Scan, full body: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reumatizam 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Whole Body Dual X-Ray Absorptiometry (DEXA) to Determine Body Composition, BlueCross BlueShield Association Medical Policy Reference Manual, Last Review 3/12/2015.

Decision rationale: The request is for a Dual-energy X-ray absorptiometry (DXA, previously DEXA) which is a means of measuring bone mineral density (BMD) or body composition. The MTUS is silent on the issue of Dual-energy X-ray absorptiometry. Alternative guidelines were referenced from Blue Cross. The BlueCross BlueShield Association Medical Policy Reference Manual, Whole Body Dual X-Ray Absorptiometry (DEXA) to Determine Body Composition states that dual x-ray absorptiometry (DEXA) has emerged as a new reference standard for body composition studies, replacing underwater weighing; however, while DEXA scans have become a valued research tool, it is unclear how information regarding body composition could be used in the active medical management of the patient to improve health outcomes. As such, whole body dual x-ray absorptiometry (DEXA) to determine body composition is considered investigational. The above Guidelines state that insufficient evidence exists to support the use of DEXA scans outside the investigational setting. The treating physician does not provide documentation of extenuating circumstances, which would substantiate deviating from the Guidelines.

High quality NMES unit (indefinite use): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Neuromuscular electrical stimulators (NMES).

Decision rationale: The Official Disability Guidelines do not recommend neuromuscular electrical stimulation except for spinal cord injured patients. NMES differ from transcutaneous electrical nerve stimulation (TENS) units, which are used for pain management therapy. This patient does not have a spinal cord injury. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. High quality NMES unit (indefinite use) is not medically necessary.