MAXIMUS Federal Services

Case Number:	CM15-0207423		
Date Assigned:	10/26/2015	Date of Injury:	10/24/2012
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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: Connecticut, California, Virginia
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 50-year-old male, who sustained an industrial injury on 10-24-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral shoulder rotator cuff tendinitis, cervical strain or sprain, lumbar strain or sprain, bilateral elbow epicondylitis, bilateral forearm and wrist flexor and extensor tenosynovitis, and right knee contusion and sprain. Medical records (03-06-2015 to 08-03-2015) indicate ongoing left shoulder pain and left knee pain. Pain levels were rated 8 out of 10 in severity on a visual analog scale (VAS). Records also indicate no improvement in pain levels, or changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the left shoulder, dated 09-11-2015, revealed tenderness to palpation over the supraspinatus tendon, acromioclavicular (AC) joint, subacromial region, periscapular muscle and upper trapezius muscles, positive cross arm and impingement tests, crepitus, restricted and painful range of motion (ROM), and grade 4 out of 5 muscle weakness in the left upper extremity. The left knee exam showed tenderness to palpation over the medial greater than lateral joint lines and patellofemoral region, crepitus, decreased ROM, 4 out of 5 muscle weakness with flexion and extension, and an antalgic gait. A primary treating physician's orthopedic evaluation (10-05-2015) indicated complaints of neck pain with radiating into both shoulders girdles and upper back (without radiating pain, numbness or tingling into the upper extremities), low back pain with radiating pain into both buttocks and thighs and radiating pain, numbness and tingling into both lower extremities, and pain, tenderness and limited ROM in the right knee. Relevant treatments have included: physical therapy (PT), aquatic therapy without

benefit, chiropractic treatments, work restrictions, and pain medications. The request for authorization (10-08-2015) shows that the following diagnostic tests were requested: EMG (electromyography) and NCV (nerve conduction velocity) studies of the bilateral upper extremities with authorized state fund MPN, MRI of the right knee, MRI of the cervical spine, and MRI of the lumbar spine. The original utilization review (10-13-2015) non-certified the request for EMG and NCV studies of the bilateral upper extremities with authorized state fund MPN, MRI of the right knee, MRI of the cervical spine, and MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) NCV/EMG bilateral upper extremity with authorized state fund MPN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Acute & Chronic): Electromyography (EMG); Official Disability Guidelines (ODG) Neck & Upper Back (Acute & Chronic): Nerve conduction studies (NCS).

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

Decision rationale: Per the MTUS ACOEM Guidelines, physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is not sufficient evidence of neurologic physical exam abnormalities provided in the documents (specifically on Oct 19, 2015 per the provided notes), and therefore there is incomplete information to indicate neurologic dysfunction that is evidential of need for electrodiagnostics. Therefore, per the guidelines, the request for EMG/NCV is not considered medically necessary.

One (1) MRI of the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (Acute & Chronic): Magnetic resonance imaging (MRI).

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

Decision rationale: The CA MTUS addresses the use of imaging in complaints of knee pain. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with

significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Overall there appears to be medial joint line pain and exam findings concerning for possible meniscal damage, and given the chronicity of the patient's symptoms, imaging is reasonable. Therefore, based on the guidelines and provided records, the request is considered medically appropriate at this time.

One MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnositc Criteria, Special Studies.

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

Decision rationale: Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure in strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, based on the provided note (Oct 19, 2015) there is no provided indication of neurologic dysfunction that is evidential of need for MRI and therefore, per the guidelines, the request for MRI is not considered medically necessary.

One (1) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnositc Criteria, Special Studies.

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

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The note dated Oct 19, 2015 denies evidence of radiculopathy, pain on straight let exam, etc. Without further indication for imaging, the request for MRI at this time cannot be considered medically necessary per the guidelines.