

Case Number:	CM15-0219353		
Date Assigned:	11/12/2015	Date of Injury:	03/08/2015
Decision Date:	12/30/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/08/2015

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, leg, hand, and shoulder pain reportedly associated with an industrial injury of March 8, 2015. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral lower extremities and a consultation with a thoracic surgeon to address a possible sternal fracture. The claims administrator referenced a September 4, 2015 office visit and an associated September 28, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 4, 2015 office visit, the attending provider noted that the applicant remained off of work, on total temporary disability. The applicant had reportedly sustained fractures of the sternum and right knee in an industrial motor vehicle accident (MVA), the treating provider reported. The applicant had undergone earlier knee surgery with hardware implantation. The applicant was receiving Workers Compensation indemnity benefits, the treating provider reported. Neck, knee, shoulder, wrist, hand, and chest wall pain were all reported. The applicant reported issues with weakness, numbness, and tingling about the bilateral hands, the treating provider contended. The applicant was using a cane to move about, the treating provider reported. Twelve sessions of physical therapy and a thoracic surgeon consultation were endorsed while the applicant was placed off of work, on total temporary disability. The requesting provider, an orthopedist, stated that addressing thoracic components was outside of his scope of expertise. The note was some 12 pages long. Throbbing knee pain, exacerbated by standing and walking, was reported. Derivative complaints of anxiety and stress were also evident. The note did not seemingly include much in the way of discussion of the request for electrodiagnostic testing of the bilateral lower extremities. On an RFA form dated September 28, 2015, physical therapy and a thoracic surgery consultation were all seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS/EMG bilateral LE: 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).

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

Decision rationale: No, the request for electrodiagnostic testing (EMG-NCV) of the bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here was the right knee. However, the MTUS Guideline in ACOEM Chapter 13, Table 13-6, page 347 notes that electrical studies are deemed not recommended and contraindicated for nearly all knee injury diagnoses. Here, the attending provider failed to furnish a clear or compelling rationale for the electrodiagnostic testing in question on the September 4, 2015 office visit at issue. Little-to-no discussion of said electrodiagnostic testing transpired on that date. The MTUS Guideline in ACOEM Chapter 11, Table 11-7, page 272 also notes that the routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is deemed not recommended. Here, the attending provider's decision to order electrodiagnostic testing on an RFA form of September 28, 2015 without any clear discussion of an operating diagnosis or differential diagnosis, in effect, represented the use of electrodiagnostic testing for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. The applicant's symptoms, moreover, was seemingly confined to the right knee and right lower extremity. It was not clearly stated why electrodiagnostic testing of the bilateral lower extremities to include testing of the asymptomatic left lower extremity was sought in the face of the unfavorable ACOEM position on the same. Therefore, the request is not medically necessary.

Consult with thoracic surgeon for possible sternum fx: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Conversely, the request for a thoracic surgeon consultation to address a sternal fracture was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedic surgeon, stated that he was ill-equipped to address issues involving chest wall pain associated with a sternal fracture. Obtaining the added expertise of a practitioner better-equipped to address such issues, namely a thoracic surgeon was, thus, indicated. Therefore, the request is medically necessary.