

Case Number:	CM15-0055297		
Date Assigned:	05/01/2015	Date of Injury:	03/07/2013
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: 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:

The injured worker is a 53 year old male with an industrial injury dated 03/30/1963. Her diagnoses included Chondromalacia patellae, shoulder arthralgia, joint pain - left leg, cervical degenerative disc disease and Cervicalgia. Prior treatments included anti-inflammatory and pain medications. He presents on 02/24/2015 with complaints of low back and bilateral knee pain which has increased in severity since last office visit. He complains of radiation of pain into both legs and numbness from knee down both legs. Physical exam revealed lumbar tenderness with spasm. There was right medial joint line tenderness of the right knee. He ambulated with a stiff gait. Treatment plan included heat/ice, topical analgesic, stretch and strength home exercise program, medications, Orthovisc injection times 3 bilateral knees consult, for lumbar epidural steroid injections and neuro evaluation for EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supartz injections of the bilateral knees x6 (series of 3 injections each 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 Procedure Summary - Hyaluronic acid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: According to guidelines it states Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone Injections are not routinely indicated. They carry inherent risks of subsequent intraarticular infection. Based on this, it is not medically necessary.

Consultation with a neurologist (cervical, low back, bilateral lower legs, bilateral knees):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) consultation.

Decision rationale: According to guidelines it states consultation for a different medical specialty is only recommended if the diagnosis or treatment is out of the scope of the treating physician. Based on medical records there is no documentation as to why this is needed. Based on this it is not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: According to guidelines it states 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. According to the medical records there is no documentation of focal neurological dysfunction and thus is not medically necessary.