

Case Number:	CM15-0058163		
Date Assigned:	04/17/2015	Date of Injury:	01/04/2014
Decision Date:	05/15/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/26/2015

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: New Jersey
 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 63-year-old female who sustained an industrial injury on 01/04/2014. Diagnoses include right knee pain, question of internal derangement of the right knee and myofascial pain syndrome. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 03/10/2015 documents the injured worker has continued right knee pain. She has swelling and pain in both medial and lateral compartments. She also notes having acute muscle spasm surrounding the right knee and paresthesias involving the right knee. She has numbness and sensations affecting the right knee and right foot with dizziness and vertigo. On examination, she has normal range of motion, and there is tenderness to palpation in the medial and lateral compartments of the right knee. There are trigger points and muscle spasms in the right quadriceps muscles. There is positive McMurray's and Apley's compression test. The treatment plan is medications, a urine toxicology, orthopedic consultation, and requesting of copy of recent Magnetic Resonance Imaging. Treatment requested is for Acupuncture, QTY: 8, EMG/NCS of left lower Extremities, EMG/NCS of right lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS of Right Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61, 309, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. The worker, in this case reported "numbness and sensations affecting the right knee and right foot with dizziness and vertigo." There was normal reflexes, no sensory testing, and slightly decreased strength of the right knee. Although the worker's symptoms suggest neuropathy localized or radicular, there was no sensory examination which might have helped differentiate the different possible sources of symptoms, which would be required before considering any nerve testing. Therefore, the request for EMG/NCS of the right lower extremity IS NOT medically necessary.

EMG/NCS of Left Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61, 309, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic), Electrodiagnostic studies, Nerve conduction studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. The worker, in this case reported "numbness and sensations affecting the right knee and right foot with dizziness and vertigo." There was normal reflexes, no sensory testing, and slightly decreased strength of the right knee. Although the worker's symptoms suggest neuropathy localized or radicular, there was no subjective report of left-sided symptoms, nor was there any physical findings which were suggestive of left-sided neuropathy to warrant nerve testing of the left leg. Therefore, the request for EMG/NCS of the left lower extremity IS NOT medically necessary.

Acupuncture, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was no record provided which suggested this was anything but a first time request for acupuncture. A trial of acupuncture is reasonable in this case, however, a request for 3-6 initial sessions would have been more reasonable. If this request was for a continuation of previous acupuncture, for which there was no evidence to suggest, there was no record which showed they were successful in order to consider the continuation. Therefore, the request for 8 sessions of acupuncture IS NOT medically necessary.