

Case Number:	CM15-0086179		
Date Assigned:	05/08/2015	Date of Injury:	02/26/2014
Decision Date:	06/23/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/05/2015

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: Emergency 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 54 year old female, who sustained an industrial injury on 02/26/2014. According to the most recent progress report submitted for review and dated 01/08/2015, the injured worker complained of dull to sharp pain in the right knee, occurring most of the time with swelling. She also reported dull to sharp pain in the middle and lower back occurring most of the time. Pain was aggravated by lifting, sitting, bending, pushing and pulling. Physical examination demonstrated tenderness on palpation and decreased range of motion. Diagnoses included internal derangement right knee with medial meniscus tear and status post right knee arthroscopic surgery 06/04/2014. The injured worker was temporarily totally disabled. Treatment to date has included medications, surgery and physical therapy. Treatment plan included continuance of post-op care, EMG/NCV (electromyography/nerve conduction velocity studies) of the bilateral lower extremities, right knee brace and continuance of physical therapy. Currently under review is the request for a follow up appointment, EMG / NCV (electromyography / nerve conduction velocity studies) of the bilateral lower extremities and right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 334.

Decision rationale: The patient sustained an injury on February of 2014. The patient developed knee pain and was diagnosed with a medial meniscus tear. She has been treated with medications, surgical measures, and physical therapy. The request is for a follow-up appointment but there is inadequate documentation explaining the reason for further follow-up. There is also inadequate documentation of the patient's physical exam findings, pain, and functional improvement seen. Pending further delineation and evaluation findings, the request would be considered not medically necessary.

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation American College of Radiology (ACR).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 334.

Decision rationale: The patient sustained an injury on February of 2014. The patient developed knee pain and was diagnosed with a medial meniscus tear. She has been treated with medications, surgical measures, and physical therapy. The request is for an EMG/NCV but there is inadequate documentation explaining the reason for need for this evaluation measure. There is also inadequate documentation of the patient's physical exam findings of neurologic deficit. Pending further delineation and evaluation findings, the request would be considered not medically necessary.

Right knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation American College of Radiology (ACR), Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 340.

Decision rationale: The patient sustained an injury on February of 2014. The patient developed knee pain and was diagnosed with a medial meniscus tear. She has been treated with medications, surgical measures, and physical therapy. The request is for a knee brace. The MTUS guidelines state that a knee brace is indicated in cases of knee patellar instability, ACL, or MCL tears when the knee is under stress, such as climbing ladders or carrying boxes. There is inadequate documentation of tears in the aforementioned ligaments and instability requiring a knee brace. The request is not medically necessary.