

Case Number:	CM15-0234023		
Date Assigned:	12/09/2015	Date of Injury:	03/17/2014
Decision Date:	01/20/2016	UR Denial Date:	11/17/2015
Priority:	Standard	Application Received:	11/30/2015

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: Physical Medicine & Rehabilitation

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 73 year old male with an industrial injury dated 03-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for knee degenerative joint disease and lumbar disc displacement. According to the progress note dated 09-10-2015, the injured worker reported knee pain and back pain. Objective findings (04-23-2015, 06-18-2015, 08-13-2015, 09-10-2015) revealed moderate left knee effusion, medial and lateral joint line tenderness, limited left knee range of motion and positive McMurray's test. MRI of lumbar spine report dated 09-25-2015 revealed multilevel spondylosis with mild central canal stenosis at L3-L5 and degenerative retrolisthesis from L1-4 and multilevel foraminal stenosis. Treatment has included MRI of lumbar spine, prescribed medications, custom knee braces, heat and ice therapy, transcutaneous electrical nerve stimulation (TENS), and periodic follow up visits. The utilization review dated 11-17-2015, non-certified the request for NCT (nerve conduction test) - bilateral lower extremities, physical therapy for the knee 2 times a week for 2 weeks, and physical therapy for the lumbar spine 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCT (nerve conduction test) - bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under Nerve conduction studies.

Decision rationale: The current request is for NCT (nerve conduction test) - bilateral lower extremities. Treatment has included MRI of lumbar spine, prescribed medications, custom knee braces, heat and ice therapy, transcutaneous electrical nerve stimulation (TENS), and periodic follow up visits. The patient is not working. ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. ODG Guidelines, low back chapter under Nerve conduction studies (NCS), states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Per report 09/10/15, the patient reported knee pain and low back pain with radiation into the left buttock. Objective findings revealed moderate left knee effusion, medial and lateral joint line tenderness, limited left knee range of motion and positive McMurray's test. MRI of lumbar spine from 09/25/15 revealed multilevel spondylosis with mild central canal stenosis at L3-L5 and degenerative retrolisthesis from L1-4 and multilevel foraminal stenosis. The treater states that the patient has low back pain that appears to be from overcompensating for the knees. The 61 page medical file provides no discussion regarding the requested nerve conduction study. In this case, NCV studies of the lower extremities are recommended in circumstances where the provider suspects peripheral neuropathy or a neurological condition other than spinal stenosis. Such is not the case for this patient; therefore, the request is not medically necessary.

Physical therapy for the knee 2 times a week for 2weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The current request is for physical therapy for the knee 2 times a week for 2 weeks. Treatment has included MRI of lumbar spine, prescribed medications, custom knee braces, heat and ice therapy, transcutaneous electrical nerve stimulation (TENS), and periodic follow up visits. The patient is not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/10/15, the

patient reported knee pain and low back pain with radiation into the left buttock. Objective findings revealed moderate left knee effusion, medial and lateral joint line tenderness, limited left knee range of motion and positive McMurray's test. MRI of lumbar spine from 09/25/15 revealed multilevel spondylosis with mild central canal stenosis at L3-L5 and degenerative retrolisthesis from L1-4 and multilevel foraminal stenosis. The treater states that the patient has low back pain that appears to be from overcompensating for the knees. The 61 page medical file provides no discussion regarding the requested physical therapy. QME report from 04/29/15 does not list physical therapy as a previous treatment. None of the reports discuss PT, either. The Utilization review did not provide a rationale for the denial. In this case, there is no indication of prior physical therapy and a short course of 4 sessions to address the patient's complaints is reasonable and supported by guideline. Therefore, the request is medically necessary.

Physical therapy for the lumbar spine 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The current request is for physical therapy for the lumbar spine 2 times a week for 4 weeks. Treatment has included MRI of lumbar spine, prescribed medications, custom knee braces, heat and ice therapy, transcutaneous electrical nerve stimulation (TENS), and periodic follow up visits. The patient is not working. MTUS, Chronic Pain Medical Treatment Guidelines 2009, under physical medicine, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 09/10/15, the patient reported knee pain and low back pain with radiation into the left buttock. Objective findings revealed moderate left knee effusion, medial and lateral joint line tenderness, limited left knee range of motion and positive McMurray's test. MRI of lumbar spine from 09/25/15 revealed multilevel spondylosis with mild central canal stenosis at L3-L5 and degenerative retrolisthesis from L1-4 and multilevel foraminal stenosis. The treater states that the patient has low back pain that appears to be from overcompensating for the knees. The 61 page medical file provides no discussion regarding the requested physical therapy. QME report from 04/29/15 does not list physical therapy as a previous treatment. None of the reports discuss PT, either. The Utilization review did not provide a rationale for the denial. In this case, there is no indication of prior physical therapy and a course of 8 sessions to address the patient's complaints is reasonable and supported by guideline. Therefore, the request is medically necessary.