

<b>Case Number:</b>	CM14-0171889		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/13/1998
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43-year-old male with date of injury of 11/13/1998. The listed diagnoses per [REDACTED] from 08/28/2014 are: 1. Internal derangement of the knee. 2. Knee MM. 3. Knee chondromalacia. 4. Osteoarthritis of the knee. 5. Diabetes mellitus. According to this report, the patient complains of continued pain with restricted activities of daily living and functional limitations. The examination shows the patient is pleasant, well-developed, in no acute distress. Neurologic coordination is within normal limits. Examination of the left knee is unremarkable with no deformity. Sensation to light touch is intact. Strength is within normal limits. Range of motion is full. Stability is normal. Medial joint line tenderness was noted. The documents include PR-2 from 04/22/2014 to 08/28/2014. The utilization review denied the request on 10/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under knee chapter on MRI

**Decision rationale:** This patient presents with left knee pain. The treater is requesting one MRI. While the treater does not specify the area for imaging, it would appear that it is for the patient's left knee as there are no other areas of the body part that is discussed. The ACOEM Guidelines page 341 and 342 on MRIs of the knee state that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate for fracture. Furthermore, ODG states that soft tissue injuries (meniscal, chondral injuries, and ligamentous disruption) are best evaluated by an MRI." The records do not show any prior MRI of the knee. The utilization review denied the request stating, "the request does not specify which body part is to have an MRI performed on it and is unable to be determined which guidelines to apply to the request at this time. Moreover, there was no documentation of neurological dysfunctions or physical exam to have guidelines applied to." The reports from 04/22/2014 to 08/28/2014 show unremarkable left knee inspection with no deformity. Sensation to light touch is intact with normal strength. Range of motion is full and stability is normal. Medial joint tenderness was noted. Other than tenderness to the left knee, no other neurological and sensory examination was noted to show significant deficits. The patient's injury is from 1998 and it may be that the patient has had an MRI in the past but this is not known. ODG supports MRI's of the knee when internal derangement is suspected. The request appears reasonable, and is medically necessary.

**One urine toxicology screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Pain Chapter, Urine Drug Testing

**Decision rationale:** This patient presents with left knee pain. The treater is requesting one urine toxicology screen. The MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risk opiate users. However, ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The records do not show any urine drug screen. The patient's current list of medications includes Cartivisc, nabumetone, Anaprox-DS, Ultram 50 mg, and Prilosec OTC. In this case, while the treater does not discuss risk assessment for this patient, the requested one urine drug screen is reasonable given no recent UDS. Request is medically necessary.

**One electromyography and nerve conduction velocity study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) under Low Back chapter on EMG and NCV

**Decision rationale:** This patient presents with left knee pain. The treater is requesting an electromyography and nerve conduction velocity study. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in conforming root injury. The records do not show any EMG/NCV of the upper or lower extremities. The utilization review denied the request stating, "The patient not having any physical examination findings to show any peripheral or central nerve root neurological dysfunctions along with no documentation as to why the patient would require a nerve conduction study." The reports from 04/22/2014 to 08/28/2014 do not show any neurologic or sensory deficits that would require an EMG/NCV. The request is not medically necessary.