

Case Number:	CM14-0024685		
Date Assigned:	06/13/2014	Date of Injury:	10/14/2013
Decision Date:	07/16/2015	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/27/2014

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. 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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 10/14/2013, as the result of a fall from a ladder (approximately 5 feet). The injured worker was diagnosed as having lower back contusion, lumbosacral sprain, left hip contusion, and muscle spasm of the back. Treatment to date has included x-rays, magnetic resonance imaging, physical therapy, acupuncture, and medications. In 12/2013, the injured worker reported injury as 5% better. Pain in the lumbar spine was intermittent and moderately severe, and rated 5/10. He reported limited back motion and denied radiation. He denied any leg weakness and/or numbness and tingling of the lower extremities. Physical exam noted a normal gait with full weight bearing. Diffuse tenderness of the paravertebral musculature was noted. Sensation was intact in all dermatomes of the lower extremities. His work status included restrictions. A progress report detailing electromyogram and nerve conduction studies of the lower extremities, magnetic resonance imaging of the bilateral knees, and home health aid request was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper and 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; ACOEM Low Back Disorders.

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

Decision rationale: MTUS Guidelines do not support electrodiagnostic testing with the presence of neurological deficits. The Guidelines state that the history and physical exam should be consistent with neurological dysfunction. This individual has not met these criteria. The lower extremity exam is noted to be normal regarding function, sensation and subjective complaints. Under these circumstances, the request for EMG/NCV of the Bilateral Upper and lower extremities is not supported by Guidelines, the testing is not medically necessary.

Home Health Aide: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: MTUS Guidelines are very specific that Home Health Services are for medically necessary care to individuals who are home bound and unable to travel. There is no evidence that this individual is home bound and unable to travel. There is no evidence that any home based medical care is necessary. Under these circumstances, the request for Home Health Aide is not supported by Guidelines and is not medically necessary. There are no unusual conditions to justify an exception to Guidelines.

MRI of the 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; ACOEM Knee Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines Knee - Magnetic Resonance Imaging.

Decision rationale: Guidelines recommend knee MRI studies when there is acute trauma with associated instability or if there is persistent pain associated with specific exam finding suggestive of a soft tissue injury/tear and/or X-rays suggestive of a bone injury. These conditions are not met in this individual. The initial trauma is not documented to involve the knees and subsequent examinations have not revealed any exam findings or knee problems that justify an MRI per Guideline standards. At this point in time, the request for MRI of the Bilateral Knees is not supported by Guidelines and is not medically necessary.

