

Case Number:	CM14-0215969		
Date Assigned:	01/06/2015	Date of Injury:	12/21/2009
Decision Date:	03/03/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

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 60-year-old male with a date of injury of 12/21/2009. Progress notes dated January 5, 2015 indicate a continuous trauma injury although records were not available to the examiner at that time. He underwent extensive treatment and some diagnostic testing in the past. In December 2012, he underwent surgery on the left knee and tried returning to work but had continuous pain. He never really had any treatment for his neck, shoulders, elbows, wrists, or hands or the lower back. An Agreed Medical Examination of July 18, 2014 indicates an MRI scan of the cervical spine was performed on October 1, 2012 and EMG and nerve conduction studies were performed on October 18, 2012. In August 2013 there was an injury reported to the left knee when he stepped into a 2 foot hole with his left foot and jammed the knee. He underwent arthroscopy of the left knee on December 13, 2013 and thereafter received corticosteroid injections to both knees in March or April 2014 which did not help. He returned to work in February 2014 and fell onto his left side. He continued working until April 2014 when he was taken off work by his physician. The EMG and nerve conduction study of 10/18/2012 revealed an extremely abnormal right median motor and sensory distal latency across the wrist and an extremely abnormal left median motor and sensory distal latency across the wrist. The study was consistent with very severe bilateral carpal tunnel syndromes. There was no evidence of cervical or lumbosacral radiculopathy. Although the operative report pertaining to the left knee arthroscopy was not available, the records indicated partial medial meniscectomy and chondroplasty was performed. Per examination findings of 12/21/2014, he is currently complaining of low back pain, bilateral shoulder/wrist pain and bilateral knee pain. He has

intermittent numbness and tingling in both hands. It wakes him up at night. He has intermittent pain in the shoulders with overhead reaching. There is intermittent pain in the elbows. He has constant low back pain with intermittent radiation to the right leg and numbness of the right foot. He has intermittent pain in both knees. He has popping and catching in both knees. Examination reveals full range of motion of the cervical spine with diffuse mild tenderness. Spurling is negative. There are decreased reflexes noted in the upper extremities. Examination of the shoulders reveals full range of motion with mild pain in the subacromial area and acromioclavicular joints. Examination of the wrists reveals positive grind tests. Lumbar spine examination reveals pain on full range of motion. X-rays of the cervical spine revealed mild/moderate degenerative disc disease at C4-5 and moderate/severe degenerative disc disease at C5-6 and C6-7. Foraminal narrowing is noted at C 5-C6 and C6-C7. X-rays of the knees revealed severe medial arthritis bilaterally with 1 mm of joint space on the right and 2 mm on the left, tricompartmental arthritis is noted bilaterally. X-rays of both shoulders obtained on December 2, 2014 revealed acromioclavicular arthritis with a type II acromion bilaterally. X-rays of both wrists revealed CMC arthritis bilaterally. X-rays of the lumbar spine revealed severe degenerative disc disease at L5-S1. Facet arthritis was noted on the right at L3-4, L4-5, and L5-S1. No instability was noted. The plan is for an MRI of the right knee, electromyography and nerve conduction studies of the upper and lower extremities and MRI of the lumbar spine. A request for MRI scan of the lumbar spine was noncertified by utilization review as there was no recent reasonable or comprehensive nonoperative treatment protocol trial and failure documented. Therefore, the MRI scan of the lumbar spine was not medically necessary. With regard to a request for MRI scan of the right knee, utilization review noncertified the request as a recent, reasonable and/or comprehensive nonoperative treatment protocol trial and failure had not been submitted. Therefore, the request for MRI scan of the right knee was not medically necessary. A request for EMG and nerve conduction studies of the upper and lower extremities was also noncertified as there had been no nonoperative treatment protocol trial and failure documented. Severe or progressive neurologic abnormalities had not been documented. This has now been appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the lumbar spine: Upheld

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

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

Decision rationale: California MTUS guidelines indicate imaging studies in patients who do not respond to treatment and who would consider surgery as an option. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. With regard to the request for MRI scan of the lumbosacral spine, the documentation indicates presence of severe degenerative disc disease at L5-S1 and degenerative changes elsewhere as noted on the x-rays. No specific treatment for the

lumbosacral spine is documented. The guidelines require a regimen of nonoperative treatment with trial/failure documented prior to surgical considerations. As such, the request for an MRI scan of the lumbosacral spine is not supported and the medical necessity is not substantiated.

MRI scan of right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: With regard to the request for MRI scan of the right knee, X-rays have revealed advanced osteoarthritis which is said to be tricompartmental with severe narrowing of the medial compartment to 1 mm of joint space on the standing film. The diagnosis is fairly clear and there is no indication for arthroscopy. Reliance only on imaging studies carries the risk of finding underlying problems which have no temporal relationship with the current issues. The documentation does not indicate nonoperative treatment for the advanced osteoarthritis of the right knee. The surgical consideration would be for a total knee arthroplasty upon failure of documented nonoperative treatment. There is no rationale as to why an MRI scan would be necessary. As such, the request for an MRI scan of the right knee is not supported and the medical necessity is not established.

EMG/NCV of the upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 178 & 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 178, 303, 261.

Decision rationale: With regard to the request for EMG and nerve conduction studies of all 4 extremities, the records indicate that this was done in the year 2012. The findings included severe bilateral carpal tunnel syndrome and no evidence of cervical or lumbosacral radiculopathy. Documentation indicates numbness and tingling in both hands that wakes him up at night. No treatment has been given for the bilateral carpal tunnel syndrome per available records. A repeat EMG and nerve conduction study is not necessary as no new neurologic deficit has been documented. Therefore the medical necessity of the request is not substantiated.