

<b>Case Number:</b>	CM14-0062642		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/09/1990
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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:

This is a 53 year old male who suffered a work related injury on 10/09/1990. Diagnoses include cervical degenerative disc disease and status post spinal surgery at L5-S1 to address seroma and L5-S1 non-union. A physician progress note dated 11/26/2013 noted that the injured worker is having increased symptomatology in the upper extremities. He has had prior cervical surgery. The findings on clinical presentation today are possibly consistent with carpal tunnel syndrome. He has positive Durkan and Tinel. The Utilization Review documents that a physician note dated 03/31/2014 notes the injured worker developed back pain and spasm after attempting to plant planter boxes. He is also complaining of dizziness the morning after, and stated that he does experience dizziness when his back acts up. He has 4/5 iliopsoas strength, 3/5 quadriceps, extensor hallucis longs and gastro soleus strength as well as 0/5 tibialis anterior strength, all on the left. The request is for NCS/EMG for the upper extremities, 1 stadium seat, and 1 Long Leg brace. Utilization Review dated 4/09/2014 non-certified the request for NCS and EMG citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM)-Chapter 9-shoulder Complaints. The request for 1 stadium seat is non-certified. There were no guidelines that specifically addressed a stadium seating. A review of records had indicated that the injured worker was doing activities of daily living like gardening and there was no indication that a stadium seat was medically necessary. The request for 1 long leg brace was not certified, citing the guidelines that state that while recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. There is no indication in the records that indicated the injured worker would benefit from

a long leg brace that primarily provides stability for the knee as compared to a short leg brace. Given that this injured worker has a history of left leg motor weakness, problems with ambulation, and dizziness it appears the injured worker would benefit from a walking aid. The guidelines recommend braces in therapeutic phases and not for the prevention of injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NCS/EMG for upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, NCV/EMG

**Decision rationale:** Pursuant to the Official Disability Guidelines, nerve conduction velocity/EMG of the upper extremities is not medically necessary nerve conduction studies are not recommended to demonstrate radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if the diagnosis is likely a based on clinical examination. In this case, the injured worker's working diagnoses are severe lumbar degenerative disc disease; and chronic pain status post #10 lumbar spine surgeries. These diagnoses were taken from the hospital stay from January 11, 2014 for intractable low back pain. The request for authorization was dated April 4 of 2014. The documentation in the medical record is from January 7, 2014 and January 21, 2014. The subjective information indicates the injured worker currently has a wheelchair but does not fit his body. The neurologic evaluation states the injured worker has left lower extremity neurologic changes. There are no details as to the specific neurologic changes. Additionally, a January 7, 2014 progress note states the injured worker remains neurologically unchanged. The January 21, 2014 progress note states the injured worker would like to have nerve conduction studies of the upper extremities as well. There is no clinical rationale for clinical indication on the existing documentation indicating an EMG/NCV is appropriate. Consequently, absent clinical documentation to support a nerve conduction velocity/EMG of the upper extremities with the earliest progress note written 3 months prior to the request for authorization, EMG/NCV of the upper extremities is not medically necessary.

**1 stadium seat:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg section, Durable Medical Equipment (DME)

**Decision rationale:** Pursuant to the Official Disability Guidelines, one stadium seat is not medically necessary. A stadium seat is a type of durable medical equipment. DME is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. DME is defined as equipment that can withstand repeated use; is primarily and customarily used to serve medical purpose; generally is not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are severe lumbar degenerative disc disease; and chronic pain status post #10 lumbar spine surgeries. These diagnoses were taken from the hospital stay from January 11, 2014 for intractable low back pain. The request for authorization was dated April 4 of 2014. The documentation in the medical record is from January 7, 2014 and January 21, 2014. The subjective information indicates the injured worker currently has a wheelchair but does not fit his body. The neurologic evaluation states the injured worker has left lower extremity neurologic changes. There are no details as to the specific neurologic changes. Additionally, a January 7, 2014 progress note states the injured worker remains neurologically unchanged. The utilization review indicates the injured worker is active around the house performing gardening. A stadium chair does not meet the definition for durable medical equipment because the stadium chair is not primarily and customarily used for medical purpose and may be useful to a person in the absence of illness or injury. There is no clinical rationale for stadium seat. Consequently, one stadium seat is not medically necessary.

**1 long leg brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and leg section, Walking aids

**Decision rationale:** Pursuant to the Official Disability Guidelines, one long leg brace is not medically necessary. Almost half of patients with knee pain possess a walking aid. Disability, pain and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome and negative evaluation of the walking aid. While recommended for therapeutic use, braces are not necessarily recommended for prevention of injury. There are no high-quality studies that support or refute the benefits of knee braces for patellar instability, ACL tear or MCL instability but in some patients and the brace can increase confidence which may indirectly help with the healing process. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The criteria for the use of knee braces are rated official disability guidelines. In this case, the injured worker's working diagnoses are severe lumbar degenerative disc disease; and chronic pain status post #10 lumbar spine surgeries. These diagnoses were taken from the hospital stay from January 11, 2014 for intractable low back pain. The request for authorization was dated April 4 of 2014. The documentation in the medical record is from January 7, 2014 and January 21, 2014. The subjective information indicates the injured worker currently has a wheelchair but does not fit his body. The neurologic evaluation states the injured worker has left lower extremity neurologic changes. There are no details as to the specific neurologic changes. Additionally, a January 7, 2014 progress note states the injured

worker remains neurologically unchanged. The documentation does not contain evidence of any recent clinical notes by the treating physician. There is no clinical rationale for a leg brace. The physical examination does not indicate the injured worker was ambulatory or nonambulatory. Consequently, one long leg brace is not medically necessary.