

Case Number:	CM15-0113622		
Date Assigned:	06/19/2015	Date of Injury:	03/25/2013
Decision Date:	09/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45-year-old male, who sustained an industrial injury on March 25, 2013. He developed pain in the right leg into the low back and was unable to bear weight on his right foot following a fall. Treatment to date has included medications, work restrictions, x-rays of the right hip, TENS unit, and orthotics. Currently, the injured worker complains of pain in the lower back, the bilateral hips, knees and left foot. The injured worker reports continuous dull and occasionally sharp pain in the low back with radiation of pain to the buttocks and along the legs to the toes. He has associated numbness and tingling in the feet. His low back pain is aggravated by activity and relieved with hot packs, pain patches, medications and rest. He reports continuous sharp right hip and left hip pain and notes that he has difficulty walking and balancing. The pain is aggravated with walking and standing and he uses medications and walker for relief. He reports continuous dull and occasionally sharp pain in the right knee and the left knee. He notes that his right knee is occasionally swollen with walking. He has a limited range of motion of the right knee and notes that the knee occasionally gives out or locks. The right knee and left knee pain is worsened with activity and relieved with medications, elevation and rest. He has continuous dull pain in the left foot which is worsened with weight-bearing. He uses leg braces for relief. He walks with the assistance of a walker. He has normal range of motion of the bilateral hips and he reports tenderness to palpation along the right greater trochanter. He had normal flexion on the right and left knees and there was no pain, popping, crepitus, or locking during range of motion testing. There was popping/clicking/crepitus to palpation. He exhibited normal range of motion in the bilateral ankles and had no tenderness to palpation. The diagnoses associated with the request include lumbar spine strain, right greater trochanteric avulsion fracture, and resolved left foot infection. The treatment plan includes EMG/NCV of the bilateral lower extremities, MRI of the lumbar spine, the pelvis, the right hip, the bilateral knees and the left foot, ultrasound of the right hip, the bilateral knees and the left

foot, Naproxen, Omeprazole and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Knee Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 20th Edition, 2015, Knee Chapter, Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Ultrasound, Diagnostic.

Decision rationale: MTUS is silent on diagnostic ultrasound sound of the knee. ODG states "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001) See also ACR Appropriateness Criteria." Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. (CMS, 2010) US guidance significantly improves the accuracy of joint injection, allowing a trainee to rapidly achieve high accuracy, but US guidance did not improve the short-term outcome of joint injection. (Cunnington, 2010) This systematic review confirms that short-term outcome improvements are present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. (Gilliland, 2011)" ODG states that "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR". For most diagnoses the ODG does not recommend US as a diagnostic study. The treating physician has not met the above ODG guidelines for diagnostic ultrasound of the knee. As such, the medical request for Left knee ultrasound is not medically necessary.

Left Foot Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 20th Edition, 2015, Ankle Chapter, Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and

Foot, Ultrasound Diagnostic.

Decision rationale: The MTUS is silent on diagnostic left foot ultrasound. The ODG states that it is, "Recommended. With proper expertise ultrasound may replace MRI. (ACR-foot, 2002) Compared with MRI, diagnostic ultrasound is useful but less accurate and sensitive. (Kaminski, 2013) Indications for imaging, Ultrasound: Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically". The medical records fail to reveal any of the above indications. As such, the request for Left foot ultrasound is not medically necessary.

Right Knee Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 20th Edition, 2015, Knee Chapter, Ultrasound, diagnostic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Ultrasound, Diagnostic.

Decision rationale: MTUS is silent on diagnostic ultrasound sound of the knee. ODG states "Recommended as indicated below. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR. In addition to MR, sonography has been shown to be diagnostic for acute anterior cruciate ligament (ACL) injuries in the presence of a hemarthrosis or for follow-up. (ACR, 2001) See also ACR Appropriateness Criteria". Ultrasound guidance for knee joint injections: In the knee, conventional anatomical guidance by an experienced clinician is generally adequate. Ultrasound guidance for knee joint injections is not generally necessary, but it may be considered in the following cases: (1) the failure of the initial attempt at the knee joint injection where the provider is unable to aspirate any fluid; (2) the size of the patient's knee, due to morbid obesity or disease process, that inhibits the ability to inject the knee without ultrasound guidance; & (3) draining a popliteal (Baker's) cyst. Although there is data to support that ultrasound guidance improves the accuracy of knee joint injections and reduces procedural pain in some cases, the data does not support improved clinical outcomes from ultrasound guidance for all knee joint injections. In addition, package inserts for drugs used for knee joint injections do not indicate the necessity of the use of ultrasound guidance. (CMS, 2010) US guidance significantly improves the accuracy of joint injection, allowing a trainee to rapidly achieve high accuracy, but US guidance did not improve the short-term outcome of joint injection. (Cunnington, 2010) This systematic review confirms that short-term outcome improvements are present using ultrasound-guided injection techniques but can confirm no difference in long-term outcome measures using either technique. (Gilliland, 2011)" ODG states that "Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MR". ODG does not recommend US as a diagnostic study. The treating physician has not met the above ODG guidelines for diagnostic ultrasound of the knee. As such, the medical request for Right knee ultrasound is not medically necessary.

EMG/NCV of the Bilateral Lower Extremities: 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, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS).

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks". ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician notes do not document any subjective or objective evidence (normal physical exam) of lumbar radiculopathy. As such, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

Right Hip Ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 20th Edition, 2015, Hip Chapter, Ultrasound (Sonography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Ultrasound (Sonography).

Decision rationale: The MTUS is silent on diagnostic Ultrasound of the hip. The ODG states that US is "Recommended as indicated below. Ultrasonography does not play a significant role in the routine evaluation of hip fractures. However, although sonography demonstrates similar abnormalities of the soft tissues to MR, but MR imaging is able to demonstrate interosseous and articular abnormalities and offers a better anatomic overview because of its larger field of view, whereas sonography offers dynamic evaluation and can provide real-time guidance for percutaneous procedures. (Miller, 2005) The absence of radiation and relatively short procedure time of ultrasound-guided hip injections are favorable factors. (Sofka, 2005) (Smith, 2005) (Honnart, 1996) In one study, real-time ultrasound was used to evaluate the snapping iliopsoas tendon. This method is noninvasive, which is an advantage compared with injection of the tendon sheath and fluoroscopic evaluation. (American 2003) Indications for diagnostic ultrasound: Scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing". In this case, the medical records fail to demonstrate any of the indications as above as such, the request for Right hip ultrasound is not medically necessary.