

Case Number:	CM15-0178636		
Date Assigned:	09/18/2015	Date of Injury:	06/29/2010
Decision Date:	10/22/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 61 year old female who sustained an industrial injury on 05-29-2010. The injured worker is currently off work and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for mild degenerative joint disease to bilateral knees (right greater than left), chondromalacia patella with malalignment, patellar tendonitis, and torn lateral meniscus. Treatment and diagnostics to date has included lumbar spine surgery, acupuncture, chiropractic treatment, and medications. MRI of left knee report dated 06-30-2015 stated "no evidence of meniscal tear, tri-compartmental articular cartilage loss is not significantly changed and is greatest in the patellofemoral compartment where high grade cartilage loss is present in the medial facet of the patella, moderate grade articular cartilage fissures in the medial femoral condyle on a background of moderate grade cartilage loss in the medial and lateral femorotibial compartments, and small joint effusion" and was compared to left knee MRI dated 09-08-2014. In a progress note dated 07-28-2015, the injured worker reported numbness, tingling, weakness, and instability of the left leg. Objective findings included loss of strength, patella femoral crepitation, and loss of range of motion to lower extremity. The Utilization Review with a decision date of 09-03-2015 non-certified the request for MRI of the left knee, NCV-EMG (nerve conduction velocity-electromyography) of the right peroneal nerve, and physical therapy 2x6 for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: Per the cited ACOEM guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, such as inability to walk four steps, or inability to flex knee to 90 degrees. ODG further states repeat MRI may be recommended post-surgical if there is need to assess knee cartilage repair tissue. Based on the available medical records for the injured worker, there are no red flags, no recent trauma, and no previous knee surgeries. Therefore, a period of conservative management with a home exercise program is a reasonable option prior to proceeding with an MRI. The request for MRI of the left knee at this time is not medically necessary.

NCV/EMG of the Right Peroneal Nerve: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG Low Back.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG, Low Back & Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) ODG, Low Back & Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: Per the cited ACOEM guideline, electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in workers with low back symptoms lasting more than three or four weeks. According to the ODG, EMGs may be recommended to obtain unequivocal evidence of radiculopathy following 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Furthermore, per the ODG, nerve conduction studies (NCS) are not recommended in low back radicular symptoms. Diagnostic testing should be ordered when there is an expectation of a change in the treatment recommendation. Treating provider notes from 7-28-15 state that the injured worker has had numbness, tingling, and weakness of the left leg. However, the documentation is limited, and did not specify foot drop or numbness of the plantar surface of the foot. Thus, the request for NCV-EMG (nerve conduction velocity-electromyography) of the right peroneal nerve is not medically necessary and appropriate based on the cited guidelines and medical records.

Physical Therapy 2x6 for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the CA MTUS guideline cited, physical medicine guidelines for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, she has completed prior physical therapy and would be expected to continue her active therapies at home as an extension of her treatment. Therefore, the request for physical therapy 2x6 for the left knee is not medically necessary and appropriate.