

Case Number:	CM15-0039106		
Date Assigned:	03/09/2015	Date of Injury:	11/11/2014
Decision Date:	05/13/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63-year-old male who reported injury on 11/11/2014. The mechanism of injury was the injured worker was walking on uneven ground when he felt pain in his right knee. The documentation submitted for review indicated the injured worker had utilized a brace. The initial physiatry consultation dated 11/11/2014 revealed the injured worker was walking on uneven ground when he felt pain in his right knee. Prior treatments include physical therapy and x-rays. The injured worker underwent an MRI of the right knee. The injured worker underwent a cortisone injection. The current symptoms included pain and swelling in the right knee. The injured worker had numbness and tingling sensation affecting the right knee. The injured worker indicated he had muscle spasms in the right quadriceps in all muscles. The injured worker was noted to be wishing to be managed without narcotic medications. The documentation indicated the injured worker had been offered a total right knee replacement. The injured worker was noted to have a successful left knee surgery 2 years prior to the examination. The injured worker was noted to be working as a service technician for 37 years. The surgical history included left knee, lumbar spine and head. The medications included Naprosyn and omeprazole. There was swelling globally around the right knee, especially in the medial compartment upon examination. The range of motion was 130 degrees in flexion and 0 degrees in extension. There were muscle spasms, trigger points and tenderness in the right quadriceps. The injured worker had decreased sensation to light touch in the knee, especially around the peroneal nerve distribution. The injured worker had decreased right knee strength in flexion and extension of 4/5. The injured worker had positive McMurray's and Apley's compression tests. The diagnoses included right knee pain, question of right peroneal neuropathy at the knee and myofascial pain syndrome. The treatment plan included an EMG

and nerve conduction study of the bilateral lower extremities to rule out peroneal neuropathy at the knee versus lumbosacral radiculopathy. There was a request for an orthopedic consultation and naproxen 550 mg, omeprazole 20 mg, Neurontin and Flexeril 7.5 mg 1 tablet by mouth 3 times a day for spasms, acupuncture 2 times a week x4 weeks, a urine toxicology screen and a right knee brace. Per the documentation the injured worker underwent an MRI, which reportedly revealed full thickness tearing, as well as mild to moderate osteoarthritis, with a 7 mm x 6 mm cartilage defect and a moderate effusion.

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 lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The American College of Occupational and Environmental Medicine states that 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. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review indicated the physician wished to rule out peroneal neuropathy at the knee versus lumbosacral radiculopathy, which would support an EMG/NCV of the right lower extremity. However, there was a lack of documentation of objective findings or subjective complaint indicating a necessity for the examination of the left lower extremity. Given the above, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.

Kneurine screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction or poor pain control. Given the above, the request for a Kneurine screen is not medically necessary.

Right knee brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339-340.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a brace can be used for patellar instability and it is necessary only if the injured worker is going to be stressing the knee under load, such as climbing ladders or carrying boxes. The clinical documentation submitted for review indicated the injured worker had been working modified duties. The injured worker was noted to be climbing poles or walking on uneven ground as part of his employment. This request would be supported. Given the above, the request for right knee brace is medically necessary.

Acupuncture 2 x 4 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 - 6 treatments. The request for 8 visits would exceed guideline recommendations. There was a lack of documentation indicating the injured worker had pain medication that was reduced or not tolerated and that the acupuncture would be used as an adjunct to physical rehabilitation. The request for 8 visits exceeds guidelines recommendations for the time necessary to produce functional improvement. Given the above and the lack of documentation, the request for acupuncture 2 x4 for the right knee is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review failed to provide documentation the injured worker was at intermediate or high risk for gastrointestinal events. The request as submitted failed to indicate the frequency and the quantity for the requested medication. Given the above, the request for omeprazole 20 mg is not medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the quantity of the medication. Given the above, the request for Flexeril 7.5 mg is not medically necessary.