

Case Number:	CM15-0071661		
Date Assigned:	04/21/2015	Date of Injury:	12/03/2007
Decision Date:	05/27/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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: Massachusetts

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 56-year-old female, who sustained an industrial injury on 12/3/07. The injured worker has complaints of left knee pain. The diagnoses have included synovitis and tenosynovitis not otherwise specified; medial cartilage or meniscus of knee; lumbosacral spondylolysis; carpal tunnel syndrome; ulnar nerve lesion; cervical radiculopathy; lumbosacral radiculopathy and shoulder impingement. Treatment to date has included left knee arthroscopy; postoperative physical therapy for the left knee and pain medication. The request was for magnetic resonance imaging (MRI) of the lumbar spine without contrast and electromyography/ nerve conduction velocity of bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar spine without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant has a history of a work injury occurring in December 2007 and underwent left knee arthroscopy and a meniscal repair in November 2014. When seen, she had completed 12 physical therapy sessions. She had worsening low back pain with lower extremity radicular symptoms. Physical examination findings included left knee quadriceps atrophy and decreased range of motion. The assessment references prior testing as included an MRI in 2010. This request is for an updated lumbar MRI and updated electrodiagnostic testing. Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. Therefore, the requested MRI was not medically necessary.

EMG/NCV of Bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant has a history of a work injury occurring in December 2007 and underwent left knee arthroscopy and a meniscal repair in November 2014. When seen, she had completed 12 physical therapy sessions. She had worsening low back pain with lower extremity radicular symptoms. Physical examination findings included left knee quadriceps atrophy and decreased range of motion. The assessment references prior testing as included an MRI in 2010. This request is for an updated lumbar MRI and updated electrodiagnostic testing. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. Criteria include that the testing be medically indicated. In this case, the claimant has left quadriceps atrophy and lower extremity radicular symptoms. She has a history of left knee surgery which may explain these findings or they might be explained on the basis of her lumbar spine condition. Electromyography would be potentially useful test in differentiating these conditions. Nerve conduction testing however would not be needed and testing of both lower extremities is not indicated. Therefore, this request was not medically necessary.