

Case Number:	CM15-0094490		
Date Assigned:	05/20/2015	Date of Injury:	12/08/2014
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 12/8/14. She reported initial complaints of left ankle injury (bimalleolar fracture with ankle dislocation). The injured worker was diagnosed as having lumbar region sprain; lower leg injury; postsurgical status NOC; knee/leg sprain; lumbosacral neuritis NOS; neuralgia/neuritis NOS. Treatment to date has included status post left ankle open reduction internal fixation (ORIF) surgery (12/9/14); physical therapy; medications. Currently, the PR-2 notes dated 3/20/15 indicated the injured worker is in the orthopedic surgery office for a follow-up of her post-operative left ankle ORIF on 12/9/14. She complains of swelling after 1.5 to 2 hours but the swelling goes down with elevation of the leg. She is using a walker for walking and has been going to physical therapy for a slight improvement. The left ankle wound is well healed with no swelling. She has restricted range of motion but neurovascular status is "OK". The treatment plan included a continuation of physical therapy for improve her gait and strength. She was given a prescription for a single prong cane. The provider has requested: Bilateral Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the lower extremities and Outpatient Computed Axial Tomography Scan (CT) scan lower back and Range of Motion test one time per month per doctor's visit, duration not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Computed Axial Tomography Scan (CT) scan lower back: 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): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, CT (computed tomography).

Decision rationale: ACOEM states "If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." ODG states not recommended except for indications below for CT. Indications for imaging, Computed tomography: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, infectious disease patient; Evaluate pars defect not identified on plain x-rays; Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989). The treating physician has not provided documentation of a new injury, re-injury, a change in symptoms or documentation of focal neurologic deficits to meet the above guidelines. As such the request for Outpatient Computed Axial Tomography Scan (CT) scan lower back is not medically necessary.

Bilateral Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM 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 medical documentation provided indicates clinically obvious signs of radiculopathy, guidelines states that an EMG is not necessary in this case. As such the request for Bilateral Electromyography (EMG) and Nerve Conduction Velocity (NCV) of the lower extremities is not medically necessary.

Range of Motion test one time per month per doctor's visit, duration not indicated: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 31-37, Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of Motion.

Decision rationale: The MTUS states, "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees." In the ACOEM physical examination portion it states Muscle testing and range of motion testing (ROM) are integral parts of a physical examination. This can be done either manually, or with computers or other testing devices. It is the treating physician's prerogative to perform a physical examination with or without muscle testing and ROM devices. However, in order to bill for this sort of test as a stand-alone diagnostic procedure, there must be medical necessity above and beyond the usual requirements of a medical examination, and the results must significantly impact the treatment plan. Muscle testing and range of motion testing as stand-alone procedures would rarely be needed as part of typical injury treatment. In this case, there is no evidence that the ROM muscle tests are clinically necessary and relevant in developing a treatment plan. While the ACOEM Guidelines do not comment specifically on this issue, other than to recommend a thorough history and physical examination, for which no computerized devices are recommended for measuring ROM or muscle testing. The treating physician did not detail specific rationale for this request. Additionally, there are no specifics about the number requested. As such the request for Range of Motion test one time per month per doctor's visit, duration not indicated is not medically necessary.