

Case Number:	CM13-0011055		
Date Assigned:	03/10/2014	Date of Injury:	05/22/2007
Decision Date:	04/10/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas, Indiana, Michigan, and Nebraska. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old male who reported an injury on 05/22/2007. The patient was reportedly injured while rising from a squatting position. The patient is diagnosed with chronic right knee pain. The patient was seen on 07/06/2013. The patient reported persistent knee pain with numbness and radiation. Physical examination revealed positive swelling with decreased sensation to the medial calf. Treatment recommendations included continuation of current medications and an EMG/NCS.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS American College of Occupational and Environmental Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. As per the documentation

submitted, the patient's physical examination revealed swelling, tenderness to palpation, and decreased sensation. However, there is no indication of an exhaustion of conservative treatment. There were no plain films or imaging studies provided for review. The medical necessity has not been established. Therefore, the request is non-certified.

EMG RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS American College of Occupational and Environmental Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. As per the documentation submitted, the patient's physical examination revealed swelling, tenderness to palpation, and decreased sensation. However, there is no indication of an exhaustion of conservative treatment. There were no plain films or imaging studies provided for review. The medical necessity has not been established. Therefore, the request is non-certified.