

Case Number:	CM13-0017749		
Date Assigned:	10/11/2013	Date of Injury:	04/26/2013
Decision Date:	01/16/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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 underlying date of injury in this case is 04/26/2013. The primary diagnosis is pes anserine bursitis. The patient is a 46-year-old man with ongoing pain in the right knee. A prior physician review recommended non-certification of nerve conduction studies and needle EMG examinations in the lower extremities, with the rationale that there was no mention in the report of any subjective or objective radicular findings. A prior reviewer modified the request for 12 physical therapy sessions to the right knee to 6 sessions. A treating physician note of 06/20/2013 requested 12 sessions of physical therapy along with acupuncture in order to cure or relieve the effects of the patient's industrial injury. That treatment note also requested a functional capacity evaluation in order to expedite the patient's work status and provide him with permanent restrictions. That note indicated the patient had previously been provided with 6 sessions of physical therapy and remained symptomatic. The patient's working diagnosis was right knee tendinitis with an antalgic gait which began when the patient had been performing freeway maintenance, picking up heavy debris, and he injured his right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity (NCV) and electromyography (EMG) testing for the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM guidelines state that when the neurological exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The treatment guidelines therefore support nerve conduction studies and electromyography as part of the evaluation of a patient who has specific neurological symptoms or findings with a particular neurological differential diagnosis. There is no neurological differential diagnosis documented at this time. The rationale and clinical pathway for a nerve conduction study or EMG study or other electrodiagnostic study is not apparent in the records and guidelines. The request for EMG/NCV of the right lower extremity is not medically necessary and appropriate.

EMG/NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM guidelines state that when the neurological exam is less clear, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. The treatment guidelines therefore support nerve conduction studies and electromyography as part of the evaluation of a patient who has specific neurological symptoms or findings with a particular neurological differential diagnosis. There is no neurological differential diagnosis documented at this time. The rationale and clinical pathway for a nerve conduction study or EMG study or other electrodiagnostic study is not apparent in the records and guidelines. The request for EMG/NCV of the left lower extremity is not medically necessary and appropriate.

Physiotherapy for the right knee three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that active therapy requires an internal effort by the individual to complete a specific exercise or task. This same

guideline also discusses functional capacity evaluation in the section on work conditioning noting that a functional capacity evaluation may be required showing consistent results with maximum effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general deconditioning. The request for physical therapy in this case was made simultaneously with a request for a functional capacity evaluation. Simultaneous functional capacity evaluation and physical therapy treatment are inconsistent, as the guidelines would support a functional capacity evaluation specifically when the patient has plateaued and has no anticipated probable benefit from additional physical therapy. Therefore, based on the records and the guidelines, the indication or goals of physical therapy at this time are not apparent and are not consistent with the simultaneous request for a functional capacity evaluation. The request for physiotherapy for the right knee is not medically necessary and appropriate.