MAXIMUS Federal Services

Case Number:	CM13-0028187		
Date Assigned:	11/22/2013	Date of Injury:	06/03/2013
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice, has a subspecialty in Preventive Medicine 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:

Male claimant who sustained a work related knee injury due to a fall in 2008 has continued discomfort and burning for 5 years. An exam report on 8/13/13 showed no objective findings along with normal x-rays. The complaint though did have subjective findings of hypoesthesias. The treating physician recommended "nothing to do at this point." A chiropractic examination a few weeks later recommended an Magnetic Resonance Imaging, electromyography, Nerve conduction velocity, and physical therapy after noting palpatory tenderness over the knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction velocity for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: According to Table 13-6 in the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Knee Complaints,(ACOEM) guideline, virtually all-electrical studies are not recommended for knee complaints or for detection of neurological abnormalities. Nerve conduction velocity for bilateral lower extremities studies

according to table 13-5 have not diagnostic benefit Magnetic Resonance Imaging and physical examination provide the most diagnostic information for intervention. In this case, the symptoms are chronic and stable with a normal examination. The symptoms are considered stable by the treating physician and based on the guidelines; an nerve conduction velocity for bilateral lower extremities study is not medically necessary.

Electromyogram for bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347.

Decision rationale: According to Table 13-6 in the American College of Occupational and Environmental Medicine (ACOEM) guideline, virtually all-electrical studies are not recommended for knee complaints or for detection of neurological abnormalities. Nerve conduction velocity studies according to table 13-5 have not diagnostic benefit Magnetic Resonance Imaging and physical examination provide the most diagnostic information for intervention. In this case, the symptoms are chronic and stable with a normal examination. The symptoms are considered stable by the treating physician and based on the guidelines; an electromyography study is not medically necessary.