

Case Number:	CM13-0053023		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2013
Decision Date:	08/15/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 41 year old male with an injury date of 07/06/13. Based on the 10/09/13 progress report provided by [REDACTED] the patient complains of intermittent moderate dull, achy, sharp left knee pain, stiffness and weakness, associated with standing, walking, bending/squatting. The left knee is swelling and the ranges of motion are decreased and painful. There is +3 tenderness to palpation of the anterior knee, lateral knee, medial knee, and posterior knee. McMurray's test is positive. The patient's diagnoses include the following: 1. Left calf sp/st 2. Left knee pain 3. Left knee sprain/strain 4. Rule out left knee internal derangement 5. Elevated blood pressure 6. Hypertension. [REDACTED] is requesting for the following: 1. EMG/NCV of the left lower extremity. 2. EMG/NCV of the right lower extremity. The utilization review determination being challenged is dated 10/16/13. [REDACTED] is the requesting provider, and he provided treatment reports from 07/06/13- 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Knee Chapter, 1021-1022 Official Disability Guidelines (ODG), Electrodiagnostic Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)ODG guidelines has the following regarding Electrodiagnostic Studies.

Decision rationale: According to the 10/09/13 report by [REDACTED], the patient presents with intermittent moderate dull, achy, sharp left knee pain, stiffness and weakness, associated with standing, walking, bending/squatting. The request is for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the left lower extremity. The treating physician does not explain why he is requesting electrodiagnostic studies. There are only symptoms and diagnoses per the treating physician's report. There were no previous EMG studies conducted. Regarding EMG/NCV studies, ACOEM guidelines support it for low back pain, and ODG guidelines recommend it for radiculopathy, plexopathy, peripheral neuropathy. This patient does not present with any of these conditions. The request is not medically necessary and appropriate.

EMG/NCV OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Knee Chapter, 1021-1022.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding Electrodiagnostic Studies.

Decision rationale: According to the 10/09/13 report by [REDACTED], the patient presents with intermittent moderate dull, achy, sharp left knee pain, stiffness and weakness, associated with standing, walking, bending/squatting. The request is for EMG/NCV of the right lower extremity. The treater does not explain why he is requesting electrodiagnostic studies. There were no previous EMG studies conducted. Regarding the lower extremities, neither MTUS, ODG, nor ACOEM guidelines support electrodiagnostic studies for chronic knee joint pain. Recommendation is for denial.