MAXIMUS Federal Services

| Case Number: | CM13-0061252 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 08/16/2013 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 12/04/2013 |

## 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 Chiropractor 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 injured worker is a 50 year-old male who sustained an injury to his right knee on 08/16/13 due to cumulative trauma. The injured worker was diagnosed with right knee cellulitis and open wound secondary to a Staph infection. The patient was placed on modified duty work restrictions with no pushing/pulling. The injured worker subsequently developed an abscess and underwent irrigation and debridement. Physical examination dated 10/30/13 noted normal reflexes; decreased sensation in the bilateral lower extremities; positive McMurray's test; positive crepitus; motor strength weakness 4/5 bilaterally in the quadriceps/hamstrings. The patient was then diagnosed with right knee sprain/strain to rule-out internal derangement and was recommended for nerve conduction studies of the bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL NERVE CONDUCTION STUDY OF THE BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS)

**Decision rationale:** The request for nerve conduction studies of the bilateral lower extremities is not medically necessary. The previous request was denied on the basis that NCS cannot be justifed following the mechanism of injury and the reported diagnosis. The ODG states that NCS is not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. Given the clinical documentation submitted for review, medical necessity of the request for nerve conduction studies of the bilateral lower extremities has not been established. Medical necessity for the requested item has not been established. The requested item is not medically necessary.