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| Case Number: | CM14-0000106 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 03/27/2012 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 43-year-old female with date of injury of 03/27/2012. The listed diagnoses per [REDACTED] dated 12/04/2013 are: 1. Status post right knee peroneal nerve decompression. 2. Right drop foot. 3. Right leg pain and weakness, rule out radiculopathy. According to the report, the patient continues to complain of "left" knee pain. She has pain with walking including right ankle weakness and numbness. She rates her pain 8/10. The physical exam shows decreased sensation to light touch and pinprick on the toe. She has 2/5 extensor hallucis longus and tibialis anterior strength. She has decreased sensation on the foot. The utilization review denied the request on 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY (EMG) OF THE RIGHT LEG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Electrodiagnostic Studies.

Decision rationale: This patient presents with right knee pain and right ankle pain. The treating physician is requesting an EMG of the right leg. The ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction and patients with low back symptoms lasting more than 3 or 4 weeks." Electromyography (EMG) is not indicated for knee condition but this patient has peroneal neuropathy with prior positive EMG. The operative report dated 07/18/2013 mentions that the patient previously had an Electromyography (EMG)/Nerve Conduction Velocity (NCV) confirming a peroneal nerve compression. The progress report dated 10/04/2013 shows decreased sensation to light touch and pinprick on the toe with weakness in dorsiflexion. In the 12/04/2014 report, the treating physician's notes, "She is going to get a new EMG nerve conduction study and a Neurology consult as she has pain. Most of her pain recurred from her fractures and weakness and is not improving." Given the patient's peroneal neuropathy and continued weakness, an updated EMG appears medically reasonable. The request is medically necessary and appropriate.

Nerve Conduction Velocity (NCV) of the Right Leg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 262. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Electrodiagnostic Studies.

Decision rationale: This patient presents with right knee pain and right ankle pain. The treating physician is requesting an EMG of the right leg. The ACOEM Guidelines page 303 states, "Electromyography (EMG), including H-reflex test, may be useful to identify subtle, focal neurologic dysfunction and patients with low back symptoms lasting more than 3 or 4 weeks." EMG is not indicated for knee condition but this patient has peroneal neuropathy with prior positive EMG. The operative report dated 07/18/2013 mentions that the patient previously had an Electromyography (EMG)/Nerve Conduction Velocity (NCV) confirming a peroneal nerve compression. The progress report dated 10/04/2013 shows decreased sensation to light touch and pinprick on the toe with weakness in dorsiflexion. In the 12/04/2014 report, the treating physician's notes, "She is going to get a new EMG nerve conduction study and a Neurology consult as she has pain. Most of her pain recurred from her fractures and weakness and is not improving." Given the patient's peroneal neuropathy and continued weakness, an updated EMG appears medically reasonable. The request is medically necessary and appropriate.

Psychology Consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 127.

Decision rationale: This patient presents with left knee pain and right ankle pain. The treating physician is requesting a psychology consult. The ACOEM Guidelines page 127 states, "The occupational health practitioner may refer to other specialist if a diagnosis is not uncertain or extremely complex when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." In this case, the treating physician is trying to address the patient's anxiety and nervousness which may overlay with some of her current problems. The request is medically necessary and appropriate.

NEUROLOGY CONSULT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, Consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), 127

Decision rationale: This patient presents with left knee pain and right ankle pain. The treating physician is requesting a neurology consult. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when plan or course of care may benefit from additional expertise." In this case, the treating physician is concerned about the patient's persistent weakness and peroneal neuropathy, possible radiculopathy and chronic pain. The request is medically necessary and appropriate.