

Case Number:	CM14-0002267		
Date Assigned:	01/24/2014	Date of Injury:	01/30/2012
Decision Date:	06/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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 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:

This is a 63 year old female with a 1/30/12 date of injury. She is status post knee arthroscopy without improvement, thus had a TKA on 4/23/13. She was most recently seen on 12/14/13 where it was noted that the patient had some weakness climbing stairs, weakness was localized to the right hip, and there was ongoing right quadriceps muscle atrophy. Because of her persistent right girdle pain and weakness and right quadriceps weakness, a neurology consult and EMG/MNMCS are being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, pages 92 and 127.

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), Chapter 7, Independent Medical Examinations & Consultation, pages 127 and 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when

psychosocial factors are present or when the plan or course of care may benefit from additional expertise. This patient has notable weakness of the quadriceps status post TKA. Physical therapy had not gotten her back to baseline. The patient has quadriceps muscle atrophy and despite physical therapy and at this point neurologic consult is reasonable. Therefore, the request was medically necessary.

NERVE CONDUCTION STUDIES.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES., , 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,309.

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, guidelines state EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. This patient has quadriceps weakness despite physical therapy status post TKA. The patient also has persistent right girdle weakness, and a history of lumbar spine stenosis with history of lumbar laminectomy. At this point, electrodiagnostic studies are reasonable. Therefore, the request for nerve conduction studies is medically necessary.