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| Case Number: | CM14-0108789 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 02/11/2013 |
| Decision Date: | 10/07/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old female was reportedly injured on 2/11/2013. The mechanism of injury is not listed in these records reviewed. The claimant underwent right knee arthroscopic surgery on 10/19/2013. Furthermore, she suffered a non-industrial right hip fracture ORIF on 1/1/2014 due to an assault. The most recent progress note dated 5/7/2014, indicates that there are ongoing complaints of right leg numbness. Physical examination demonstrated decreased sensation on the anterior aspect of her right lower extremity. Plain radiographs dated 5/7/2014 revealed a healed femur fracture status post intramedullary fixation. Diagnosis: possible neuropathy secondary to injection from a MRA of the right knee. Previous treatment includes physical therapy, Supartz injections and medications. A request had been made for EMG/NCS to bilateral lower extremities, which were not certified in the utilization review on 6/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/ NCS to Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Low Back Summary

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) - Low Back Disorders - Diagnostic Investigations (electronically sited).

Decision rationale: MTUS/ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Review of the available medical records, indicates the claimant presents with possible neuropathy secondary to injection from a MRA of the right knee. The claimant suffered a right hip fracture in January 2014 and underwent open reduction and internal fixation. Given the lack of objective documentation and/or a thorough neurological exam, it is unclear why this study is required. As such, the EMG/NCV study is not considered medically necessary.