MAXIMUS Federal Services

Case Number:	CM14-0013786		
Date Assigned:	07/02/2014	Date of Injury:	02/03/2013
Decision Date:	08/08/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	02/03/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for left knee and lower extremity pain reportedly associated with an industrial injury of February 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; apparent diagnosis with a knee meniscal tear on the strength of MRI imaging; and consultation with a knee surgeon, who recommended a medial meniscectomy. In a Utilization Review Report dated January 3, 2014, the claims administrator apparently denied a request for electrodiagnostic testing of the left lower extremity. The applicant subsequently appealed, noting that she was kicked by a child wearing ski boots at numerous times about the leg. A September 17, 2013 progress note was notable comments that the applicant had persistent complaints of knee pain following an industrial contusion injury. The applicant had initially treated care elsewhere. The applicant had received recommendations to pursue a knee surgery. The applicant exhibited decreased sensorium about the left leg in the peroneal nerve distribution. The applicant was asked to consider a knee arthroscopy. Work restrictions were endorsed. It did not appear that the applicant worsening with limitations in place. In a handwritten note dated December 20, 2013, somewhat difficult to follow, not entirely legible, the applicant presented with complaints of worsening knee pain with associated stiffness. It was also suggested that the applicant may have injured her peroneal nerve. Electrodiagnostic testing of the lower extremity was sought via neurology consultation to evaluate a suspected peroneal nerve injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION VELOCITY (NCV) LEFT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

Decision rationale: The ACOEM Guidelines state that electrical studies for routine foot and ankle problems without clinical evidence of an entrapment neuropathy are not recommended. In this case, however, the applicant reportedly has paresthesias and hypo sensorium about the left leg suggestive of a left lower extremity peroneal neuropathy. Electrical studies/nerve conduction testing to delineate the extent of the same is indicated. Therefore, the request is medically necessary.

ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY: Upheld

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

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

Decision rationale: While the ACOEM Guidelines do recommended EMG testing to clarify diagnosis of suspected nerve root dysfunction, in this case, however, there is no mention or suspicion of any issues with nerve root dysfunction or radiculopathy being present here. The applicant's symptoms are confined to the knee and left lower extremity. The information on file suggested that the attending provider suspected a sensory left lower extremity peroneal neuropathy. This is not a condition that would typically require EMG testing to detect. It is further noted that the applicant's well preserved, 5/5 left lower extremity strength noted on September 17, 2013 argues against the presence of any nerve root dysfunction or muscular pathology for which EMG testing would be indicated. Therefore, the request is not medically necessary.