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| Case Number: | CM14-0016129 | | |
| Date Assigned: | 06/04/2014 | Date of Injury: | 01/09/2013 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/14/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

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 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 55-year-old male was reportedly injured on January 9, 2013. The mechanism of injury is noted as a fall from a ladder. The most recent progress note, dated December 30, 2013, indicates that there are ongoing complaints of right knee pain. The physical examination of the right knee noted tenderness over the medial and lateral joint lines and a painful McMurray's test. There was possible anterior laxity. Diagnostic imaging studies reported findings of a tear of the medial meniscus and a request had been made for a physical medicine and rehab consultation and nerve conduction studies of the right lower extremity and was not certified in the pre-authorization process on January 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PM & R CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 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, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: The most recent progress note dated December 13, 2014, has only a complaint of right knee pain. Prior notes dated October 9, 2013 and September 4, 2013 have only a complaint of cervical spine pain. There is no mention of the referral to physical medicine. Therefore, it is unclear why there is a specific request for physical medicine and rehab, as well as nerve conduction studies of the right lower extremity. Without specific justification, this request for one physical medicine and rehabilitation consult is not medically necessary.

EMG RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

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

Decision rationale: The most recent progress note dated December 13, 2014 has only a complaint of right knee pain. Prior notes dated October 9, 2013 and September 4, 2013 have only a complaint of cervical spine pain. There is no mention of the referral to physical medicine. Therefore, it is unclear why there is a specific request for physical medicine and rehab, as well as nerve conduction studies of the right lower extremity. Without specific justification, this request for an EMG study of the right lower extremity is not medically necessary.

NCV (SENSORY) RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

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

Decision rationale: The most recent progress note dated December 13, 2014 has only a complaint of right knee pain. Prior notes dated October 9, 2013 and September 4, 2013 have only a complaint of cervical spine pain. There is no mention of the referral to physical medicine. Therefore, it is unclear why there is a specific request for physical medicine and rehab, as well as nerve conduction studies of the right lower extremity. Without specific justification, this request for a nerve conduction velocity (NCV) sensory study of the right lower extremity is not medically necessary.

NCV (MOTOR) RIGHT LOWER EXTREMITY: Upheld

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

Integrated Treatment/Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

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

Decision rationale: The most recent progress note dated December 13, 2014 has only a complaint of right knee pain. Prior notes dated October 9, 2013 and September 4, 2013 have only a complaint of cervical spine pain. There is no mention of the referral to physical medicine. Therefore, it is unclear why there is a specific request for physical medicine and rehab as well as nerve conduction studies of the right lower extremity. Without specific justification, this request for a nerve conduction velocity (NCV) motor study of the right lower extremity is not medically necessary.