

Case Number:	CM14-0110866		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2013
Decision Date:	10/07/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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 34 year old patient had a date of injury on 7/23/2014. The mechanism of injury was twisting fall onto the left knee. In a progress noted dated 6/10/2014, subjective findings included the patient is here for pain in left knee and lower back. She has trouble with English language and a Spanish interpreter is provided. On a physical exam dated 6/10/2014, objective findings included motor and sensory intact. There is pain upon palpation over lower back over the lumbar paraspinal muscles, and she now has a decreased EHL on the left. An MRI dated 7/1/2014 showed normal menisci and intact cruciate ligaments. There was chondromalacia patella at the lateral patellar facet with signs of full-thickness chondromalacia and findings suggestive of bipartite patella, medially. Diagnostic impression shows lumbago, sprain of knee and leg NOS. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/24/2014 denied the request for outpatient neuro consultation, stating the request fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. EMG of bilateral lower extremities was denied. The reason for the denial was not provided in the reports viewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient neuro consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127, 156. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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. In the 6/10/2014 progress report, there was no rationale provided regarding the medical necessity of the neurological evaluation. The provider stated that EHL was decreased; however, he also mentioned that the motor and sensory were intact. Furthermore, there was no discussion of any psychosocial factors being present or how additional expertise would benefit the planned course of treatment.. Therefore, the request for neurological consult is not medically necessary.

Electromyography (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Online Edition, Chapters: Forearm, Wrist, &Hand, Electrodiagnostic studies (EDS) and Carpal Tunnel Syndrome, Electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter EMG/NCV

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, ODG states that 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. In a progress report dated 6/10/2014, than plan states that electrodiagnostic studies of lower extremities is ordered since the patient is now having equivocal neurological findings. The 6/10/2014 progress note states that the EHL is decreased; however the provider also states that the motor is 5/5 and sensory are intact. Furthermore, this patient is not noted to have radicular signs and symptoms on subjective exam, and only complains of pain in her lower back and knee. Therefore, the request for EMG of the bilateral lower extremities is not medically necessary.