

Case Number:	CM14-0112035		
Date Assigned:	08/01/2014	Date of Injury:	02/05/1999
Decision Date:	10/27/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 15 year old male with a reported an injury that occurred on February 5, 1999 to the right foot when he stepped on a nail. There is an indication the injured worker has a past surgical history involving 3 surgeries at the right foot for a neuroma after stepping on a nail. The injured worker reported ongoing weakness throughout the left lower extremity. Pain, numbness, and weakness were also identified. The injured worker has been undergoing numerous modalities in a formal physical therapy setting. The therapy note dated 05/06/14 indicates the injured worker having been recommended for 3 physical therapy sessions each week for 4 weeks. Significant strength deficits were identified throughout both lower extremities to include 3/5 strength at the left gluteus, hip abductors, hip external rotators, and the hip internal rotators. There is an indication the injured worker has an inability to completely use the left lower extremity. The injured worker rated the ongoing low back pain as 5-6/10. The note indicates the injured worker having previously been active with mountain biking; however, because of the lower extremity strength deficits, the injured worker is unable to ride his bike. A request was made for Muscle test w/nerve test bilateral limbs (electromyogram / nerve conduction study and is not fully indicated as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Muscle test w/nerve test bilateral limbs (electromyogram / nerve conduction study):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMG,NCV

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Computerized muscle testing

Decision rationale: The request for muscle testing with nerve tests at the bilateral limbs is not medically necessary. The documentation indicates the injured worker complaining of significant strength deficits throughout the left lower extremity. However, there are no current studies supporting the safety and efficacy of the use of computerized muscle testing. Additionally, it is unclear as to the reason for manual muscle testing when a traditional office visit would be able to identify any strength deficits. Given these factors, the request is not fully indicated as medically necessary.