

Case Number:	CM14-0132032		
Date Assigned:	08/22/2014	Date of Injury:	04/10/2014
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/18/2014

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, Pain Medicine and is licensed to practice in Florida. 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 59-year-old male who reported an injury on 04/10/2014 while walking between a work truck and a dock at the same time carrying a 40 pound box; he fell between the dock and truck. The injured worker had a history of left thigh pain with a diagnosis of left thigh contusion. The diagnostics included an x-ray of the left thigh dated 04/14/2014 that revealed no evidence of fracture or dislocation. The past treatments included physical therapy to the lower extremities, medication Tylenol, ice, a cane, and cryotherapy. The objective findings dated 05/26/2014 revealed mid lateral left thigh aspect improved and still sore. The medications included Relaten 750 mg. The treatment plan included electromyograph and nerve conduction study. The Request for Authorization dated 08/22/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Electromyographic biofeedback treatment

Decision rationale: The request for electromyography (EMG) bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines do not recommend. Not recommend. Studies are limited. One randomized controlled trial concluded that electromyographic biofeedback treatment for patellofemoral pain syndrome did not result in further clinical improvement when compared with a conventional exercise program in patients with patellofemoral pain syndrome. The clinical notes did not indicate the injured worker was having failed therapy. The injured worker had a contusion and was to return back to work. The guidelines do not recommend. As such, the request is not medically necessary.

Nerve conduction velocity (NCV) Bilateral Lower Extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS)

Decision rationale: The request for a nerve conduction velocity (NCV) of the bilateral lower extremities is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The physical findings were vague. The guidelines do not recommend. As such, the request is not medically necessary.