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| Case Number: | CM14-0153496 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 07/11/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 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:

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 7-11-13. An office visit on 8-30-14 notes the claimant had improvement with post-op physical therapy. The claimant was status post right knee arthroscopy on 6-9-14. He reports significant right knee pain and weakness. He had pain going up and down the stairs, kneeling and with prolonged standing. The claimant also had numbness and tingling and pain radiating down there right leg. On exam, the claimant had 130 degrees of left knee flexion and 120 degrees on the right. Extension was 0 degrees bilaterally. The claimant had tenderness to palpation at the medial and lateral joint lines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Environmental Medicine (ACOEM), 2nd Edition, (2004) electromyography - low back disorders

Decision rationale: ACOEM guidelines reflect that Needle EMG is recommended when a spine CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be an identifiable neurological compromise. This includes extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.

EMG of the Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) electrodiagnostic studies

Decision rationale: The ODG reflects that NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a claimant is already presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (Lin, 2013) While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. There is an absence in objective documentation to support a suspicion of a nerve entrapment. Therefore, the medical necessity of this request is not established.