MAXIMUS Federal Services

Case Number:	CM14-0170541		
Date Assigned:	11/04/2014	Date of Injury:	11/12/2013
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/15/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 54-year-old male who was injured on November 12, 2013. The patient continued to experience pain in bilateral hips, bilateral knees, and left ankle. Physical examination was notable for no instability of the left hip, painful range of motion of the left knee, and mild discomfort over the left ankle. Diagnoses included status post Treatment included medications, surgery, and acupuncture. Requests for authorization for outpatient NP low complex, nerve conduction studies, and muscle test were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Outpatient NOP low complex: 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) Pain, NeuroPhysiologic Pain Profile (NP3)

Decision rationale: Neurophysiologic testing for pain is not recommended. There are no published studies. The request should not be authorized as medically necessary.

Nerve conduction studies; 13 plus studies: 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-Thoracic and Lumbar, Nerve Conduction Studies

Decision rationale: Nerve conduction studies of the lower extremities are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. The study is not recommended. The request is not medically necessary.

Muscle test done w/n test comp: 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, Computerized muscle testing

Decision rationale: Computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. The request is not medically necessary.