

Case Number:	CM14-0020840		
Date Assigned:	04/30/2014	Date of Injury:	10/19/2011
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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 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:

The patient is a 56 year old female who was injured on 10/19/2011 while performing her usual and customary duties. She performs repetitive lifting and going in and out of her truck. Prior treatment history has included physical therapy and cortisone injection to the left knee. The patient underwent left knee lateral and medial meniscectomies on 10/22/2012. Diagnostic studies reviewed include MRI of the lumbar spine dated 12/27/2011 revealed 1) Multilevel disc and facet degenerative change; 2) At L3-4, there is a 3 mm disc bulge which results in mild foraminal narrowing, worse on the left; 3) At L4-5, there is a 3 mm disc bulge which results in mild foraminal narrowing; and 4) There is a 2 mm disc bulge at L2-3 and 1-2 mm disc bulge at L5-S1 without central canal or neural foraminal stenosis. Interim orthopedic note dated 01/15/2014 reports the patient presents for re-evaluation of the left knee injury. She reports episodes of giving way of the knee. The left knee reveals mild effusion. There is pain at the extremes of flexion and extension and decreased patellar mobility compared to the right by approximately 50%. There is mild anteromedial joint line tenderness. Range of motion is 2-118 degrees. On neurologic examination of the lower extremities, there is 5/5 strength in all muscles planes. Sensation is intact in the bilateral lower extremities. Deep tendon reflexes are normal and symmetric in the patellar and Achilles tendon bilaterally. There is no evidence of clonus bilaterally. Physical therapy evaluation note dated 10/14/2013 states the patient presents for rehab of her left knee. She had improved mobility and decreased pain post treatment. On exam, range of motion exhibits hip flexion to 120 degrees bilaterally; hip extension to 10 degrees bilaterally; hip abduction PROM to 25 degrees bilaterally; hip external rotation to extended PROM to 40 degrees bilaterally; hip external rotation flexed to 45 degrees bilaterally; hip internal rotation extended to 45 degrees; and hip internal rotation extended to 45 degrees bilaterally. Knee AROM is -6 degrees on the left and 4 degrees on the right; knee flexion AROM is 128 degrees on the left and 145 degrees on the right; hip flexion strength is 3+/5 on the left and 4-/5 on the

right; hip extension strength is 3+/5 on the left and 3+/5 on the right; hip abduction strength is 3+/5 on the left and 3+/5 on the right; hip adduction strength is 4/5 bilaterally; and hip external rotation strength is 3+/5 bilaterally; knee extension strength is 4+/5 on the left and 5/5 on the right; knee flexion strength is 4/5 bilaterally; and plantar flexion strength is 3+/5 bilaterally. Prior UR dated 02/06/2014 states the request for EMG/NCS is non-certified as medical necessity has not been proven.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines and ODG recommend Electromyography (EMG) as a diagnostic testing option to confirm evidence of radiculopathy when neurologic deficits and/or dysfunction are present. The medical records document that on orthopedic progress note dated 01/15/14 the patient had full motor strength and full intact sensation. Further, the documents show on same progress note normal reflexes and the absence of any pathologic reflexes or any evidence suggestive of radiculopathy. Based on the ACOEM guidelines and ODG and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.

NERVE CONDUCTION VELOCITY TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM and ODG Guidelines recommend Nerve Conduction Studies (NCS) as a diagnostic testing option to confirm evidence of radiculopathy when neurologic deficits and/or dysfunction are present. The medical records document that on orthopedic progress note dated 01/15/14 the patient had full motor strength and full intact sensation. Further, the documents show on same progress note normal reflexes and the absence of any pathologic reflexes or any evidence suggestive of radiculopathy. Based on the ACOEM and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is non-certified.

