

Case Number:	CM14-0021667		
Date Assigned:	05/05/2014	Date of Injury:	06/30/2009
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 33 year old with an injury date on 6/30/09. Based on the 1/21/14 progress report provided by [REDACTED] the diagnosis is persistent left hip symptomatology, status post total hip arthroplasty, with concerning findings near the iliopsoas tendon however of a very unusual radiculopathy as well. Exam on 1/21/14 showed antalgic gait and trouble raising leg. There was clear weakness about the hip flexors with dysesthesia down the leg. Radiographs showed hip arthroplasty to remain well fixed, but soft tissue calcifications anteriorly near course of the iliopsoas. Review of the reports do not show any evidence of EMG/NCS being done in the past. [REDACTED] is requesting EMG/NCS of left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF LEFT LEG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: This patient presents with left hip pain, trouble flexing forward leg hip, and bilateral leg weakness and is s/p multiple total hip arthroplasties of unspecified date. The treating physician has asked EMG of left leg on 1/21/14. On 1/30/13, the patient's bilateral chronic hip pain persists, and the treating physician requests EMG for a possible revision of left hip implant. The physician appears to be concerned about possible plexopathy injury from hip joint hardware and replacement. EMG/NCV studies are medically reasonable to investigate plexopathy or peripheral neuropathy. Therefore, the request is medically necessary.

NCS OF LEFT LEG: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: This patient presents with left hip pain, trouble flexing forward leg hip, and bilateral leg weakness and is s/p multiple total hip arthroplasties of unspecified date. The treating physician has asked EMG of left leg on 1/21/14. On 1/30/13, the patient's bilateral chronic hip pain persists, and the treating physician requests EMG for a possible revision of left hip implant. The physician appears to be concerned about possible plexopathy injury from hip joint hardware and replacement. EMG/NCV studies are medically reasonable to investigate plexopathy or peripheral neuropathy. Therefore, the request is medically necessary.