

Case Number:	CM14-0032981		
Date Assigned:	04/18/2014	Date of Injury:	08/05/2003
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a subspecialty in 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 56 year old female who reported an injury on 08/05/2003 secondary to a trip and fall. She was noted to have had unknown right knee surgeries on 07/17/2006 and 03/28/2011 per the previous review and denial of the request. An MRI of the left knee on 09/13/2013 revealed a flap tear of the medial meniscus with mild arthrosis and mild patellofemoral chondromalacia. The documentation submitted for review failed to provide a request for authorization form or any clinical notes. However, it was noted in the previous denial that the current request was submitted on 01/24/2014 as a prospective request for authorization for electromyography and nerve conduction velocity studies to be performed between 01/23/2014 and 03/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ELECTROMYOGRAPHY STUDY OF THE BILATERAL LOWER EXTREMITIES BETWEEN 1/23/2014 AND 3/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310.

Decision rationale: The request for 1 electromyography study of the bilateral lower extremities between 01/23/2014 and 03/09/2014 is not medically necessary. California MTUS/ACOEM Guidelines state that when a neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. These guidelines also state that an EMG may be used to clarify nerve root dysfunction or assess spinal stenosis after failure of 1 month of conservative. Official Disability Guidelines recommend electromyography to obtain unequivocal evidence of radiculopathy after 1-month of conservative therapy. There is no recent clinical documentation submitted for review that indicate radicular symptoms or nerve dysfunction. Furthermore, there is no indication that the injured worker has failed conservative care. As such, the request for 1 electromyography study of the bilateral lower extremities between 01/23/2014 and 03/09/2014 is not medically necessary.

1 NERVE CONDUCTION VELOCITY STUDY OF THE BILATERAL LOWER EXTREMITIES BETWEEN 1/23/2014 AND 3/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

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 Chapter, Nerve Conduction Studies (Ncs).

Decision rationale: The request for 1 nerve conduction velocity study of the bilateral lower extremities between 01/23/2014 and 03/09/2014 is not medically necessary. Official Disability Guidelines do not recommend nerve conduction studies when the injured worker is presumed to have symptomology on the basis of radiculopathy. There is no recent clinical documentation submitted for review that indicates the injured worker has experienced or is currently experiencing radicular symptoms. As such, the request for 1 nerve conduction velocity study of the bilateral lower extremities between 01/23/2014 and 03/09/2014 is not medically necessary.