

Case Number:	CM14-0034652		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2012
Decision Date:	07/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 Occupational Medicine 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 injured worker is a 60-year-old male with a 5/11/12 date of injury. Subsequent to a slip and fall, he developed persistent right knee pain and was discovered to have significant meniscal tears and a large lateral osteochondral lesion. He has undergone surgery twice, but continues with persistent discomfort and difficulty with weight bearing. In the records provided, the primary treating physician does not provide any evidence of a nerve dysfunction. A consulting orthopedist performed an exam and documented decreased sensation in the L5 distribution, but there was no corresponding weakness or other corroborating signs, symptoms or diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG- Electromyography (Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/Low_Back.htm), EMG.

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 - Electrodiagnostics, and Knee and Leg - Nerve injury.

Decision rationale: There is inadequate medical evidence to consider electrodiagnostic testing (EMG/NCV) a medical necessity. ACOEM/MTUS guidelines do not discuss this in any detail. ODG Guidelines address this issue. Guidelines recommend that there should be nerve dysfunction on the clinical evaluation to justify electrodiagnostic testing. In this case, there is mention by the consulting orthopedist of decreased sensation in the L5 nerve distribution, but this is a subjective test, and it was not corroborated by a corresponding weakness; nor was it identified as a possible symptom of peripheral nerve dysfunction. Post-surgical nerve pain of the knee is generally diagnosed with local exam findings and anesthetic blocks. Additional detailed documentation may support this test in the future, but at this point in time it is not medically necessary.

NCV-Nerve Conduction Velocity (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/Low_Back.htm), Nerve Conduction Studies (NCS).

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 - Electrodiagnostics, and Knee and Leg - Nerve injury.

Decision rationale: There is inadequate medical evidence to consider electrodiagnostic testing (EMG/NCV) a medical necessity. ACOEM/MTUS guidelines do not discuss this in any detail. ODG Guidelines address this issue. Guidelines recommend that there should be nerve dysfunction on the clinical evaluation to justify electrodiagnostic testing. In this case, there is mention by the consulting orthopedist of decreased sensation in the L5 nerve distribution, but this is a subjective test, and it was not corroborated by a corresponding weakness; nor was it identified as a possible symptom of peripheral nerve dysfunction. Post-surgical nerve pain of the knee is generally diagnosed with local exam findings and anesthetic blocks. Additional detailed documentation may support this test in the future, but at this point in time it is not medically necessary.