

Case Number:	CM14-0039038		
Date Assigned:	06/27/2014	Date of Injury:	03/15/2012
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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:

This is a 53-year-old female who sustained injury on 03/15/2012. The mechanism of injury is unknown. Treatment history includes medications, physical therapy, injections, and left knee arthroscopic surgery. A progress report dated 03/14/2014 indicates the subjective complaints include left knee pain is constant 5-8/10, aching pain, giving away, locking/buckling, and inflammation. On physical exam, tenderness at lumbar spine with spasm and left knee joint line, positive SLR, positive patella compression test, pain with terminal flexion, and limping left. She was taking NSAID's, doing a home exercise program and awaiting a lumbar epidural. Diagnosis was internal derangement knee. The UR dated 03/21/2014 indicates that the requested service of CPI was denied since if a threshold level of depolarization occurs, an action potential (AP) is generated. This value was not reported in the routine EMG/NCV testing and its clinical importance was unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Current Potential Threshold, left lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Journal of American Academy of Orthopedic Surgeons, pg. 276-287.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Current Perception Threshold (CPT) Testing.

Decision rationale: According to ODG guidelines, Current Perception Threshold testing is, Not recommended. There are no clinical studies demonstrating that quantitative tests of sensation improve the management and clinical outcomes of patients over standard qualitative methods of sensory testing. In this case a variant of Current Perception Threshold testing was performed on 3/14/14. However, guidelines do not recommend this procedure. Medical records do not establish exceptional circumstances.