

Case Number:	CM14-0064344		
Date Assigned:	07/11/2014	Date of Injury:	08/13/2012
Decision Date:	09/16/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Nevada. 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 records presented for review indicate that this 53-year-old female was reportedly injured on August 13, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 24, 2014, indicates that there are ongoing complaints of left leg, ankle, and knee pain. The physical examination demonstrated ambulation with the assistance of a cane. There was tenderness over the patellofemoral joint of the left knee and crepitus with range of motion. Examination of the left ankle indicated tenderness at the anterior lateral aspect. There was a normal lower extremity neurological examination. There was a diagnosis of a healed contusion and abrasion of the left Shin, patellofemoral syndrome of the left knee, left ankle pain, and right knee pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the use of a cam walker and physical therapy. A request had been made for bilateral lower extremity and upper extremity EMG/NCV (Electromyography / Nerve Conduction Velocity) testing as well as a neurology consult and treatment and was not certified in the pre-authorization process on April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lower extremity EMG/NCS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Low Back Disorders updated 4/7/08, page 62 Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: According to medical records, the injured employee does not have in complaints of radicular symptoms and there is a normal neurological examination of the upper and lower extremities. Considering this, it is unclear why there is a request for EMG/NCS studies of the bilateral lower extremities. This request for EMG/NCV (Electromyography / Nerve Conduction Velocity) studies of the bilateral lower extremities is not medically necessary.

Bilateral upper extremity EMG/NCS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter Official Disability Guidelines; Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: According to medical records, the injured employee does not have in complaints of radicular symptoms and there is a normal neurological examination of the upper and lower extremities. Considering this, it is unclear why there is a request for EMG/NCS studies of the bilateral upper extremities. This request for EMG/NCV (Electromyography / Nerve Conduction Velocity) studies of the bilateral upper extremities is not medically necessary.

Neurology Consult and Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines; Specialty Consultations, Page 92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to medical records, the injured employee does not have in complaints of radicular symptoms and there is a normal neurological examination of the upper and lower extremities. Considering this, it is unclear why there is a request for a neurology consult and treatment. This request for a neurology consult and treatment is not medically necessary.