

Case Number:	CM14-0065146		
Date Assigned:	10/03/2014	Date of Injury:	04/15/2013
Decision Date:	10/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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:

Injured worker is a female with date of injury 4/15/2012. Per primary treating physician's progress report dated 3/21/2014, the injured worker has been attending acupuncture treatment and it is helping her pain. She still has pain with pressure over her anterior lower leg. She states she tries to walk during her breaks and has difficulty walking due to leg pain. She is doing her regular work without difficulties. Her job is mainly a sit down job. She denies numbness or weakness. There is mild baseline pain in her lower leg. The pain becomes more severe with prolonged standing, prolonged walking, and pressure over her lower leg. On examination, she has a normal gait. The left knee and lower leg have no significant knee swelling or effusion. There is no erythema, ecchymosis, or swelling to lower leg. There is pain with palpation over proximal to mid anterior tibial area. No pain to palpation near knee. No ankle or knee laxity is noted. She does have pes planus and ankles collapse into valgus with weight bearing. She has normal motor skills, normal sensation, normal strength, and normal reflexes. She is alert and oriented. She is not agitated and not disoriented. She displays no atrophy, no tremor, facial symmetry, normal sensation, normal coordination, normal stance, normal gait, and normal speech. She exhibits normal muscle tone. Diagnoses include 1) contusion of knee, resolving nicely, left 2) contusion of lower leg, persistent symptoms, left anterior tibial area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity Left Lower leg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) section

Decision rationale: The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. The requesting physician explains that the NCV/EMG study is to evaluate left lower leg pain. The injured worker denies any numbness and weakness, and her neurologic exam is normal. She has been diagnosed with a contusion to her anterior lower leg, with no neurological deficits noted. Medical necessity for this request has not been established. The request for Nerve Conduction Velocity Left Lower leg is determined to not be medically necessary.

EMG (electromyography) of the Left Lower Leg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician explains that the NCV/EMG study is to evaluate left lower leg pain. The injured worker denies any numbness and weakness, and her neurologic exam is normal. She has been diagnosed with a contusion to her anterior lower leg, with no neurological deficits noted. Medical necessity for this request has not been established. The request for EMG (Electromyography) of the Left Lower Leg is determined to not be medically necessary.