

Case Number:	CM14-0074454		
Date Assigned:	07/16/2014	Date of Injury:	05/07/2010
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 & 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 54-year-old individual was reportedly injured on 5/7/2010. The mechanism of injury was noted as a stepping/pushing injury. The most recent progress note, dated 2/5/2014, indicated that there were ongoing complaints of left wrist pain, low back pain, right foot/ankle pain, and right knee pain. The physical examination demonstrated lumbar spine decreased range of motion and the patient unable to heel/toe walk. Reflexes were 2+ equal bilaterally. Straight leg raise was positive in the supine position at 70 bilaterally. Lower extremities and bilateral knees were an unremarkable exam. There was also foot/ankle positive tenderness on the right ankle at the lateral aspect 3rd metatarsal. Decreased range of motion bilaterally on the right worse than the left. Diagnostic imaging studies included an MRI of the left knee, dated 2/19/2014, which revealed joint effusion, edema, contusion, inflammation of the knee joint, chondromalacia patella and patellofemoral joint arthroplasty, arthritic changes in the posterior weight-bearing aspect of the distal medial and lateral femoral condyle. There was also a ganglion cyst. MRI of the right knee, dated 2/18/2014, revealed joint effusion, arthritic changes in the knee, sprain of the anterior cruciate ligament and medial collateral ligament. No definite meniscal tear identified. Previous treatment included wrist arthroscopy, ankle reconstruction, physical therapy, medications, and conservative treatment. A request had been made for EMG/NCS bilateral lower extremities and was not certified in the pre-authorization process on 5/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 268, 303, 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. The claimant does not have signs and symptoms consistent with a radiculopathy on physical exam. Therefore, an EMG/NCS is not considered medically necessary.

Nerve Conductive Velocity (NVC) bilateral lower extremities:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 278, 303, 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies - (updated 07/03/14).

Decision rationale: MTUS/ACOEM guidelines do not address this request. ODG does not recommend nerve conduction velocities (NCV) of the lower extremities for low back pain. As such, this request is considered not medically necessary.