

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0091288 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 01/07/2014 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 05/13/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 57-year-old individual was reportedly injured on 1/17/2014. The mechanism of injury was noted as a twisting injury. The most recent progress note, dated 4/9/2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated right knee had positive tenderness to palpation of the medial joint line, and some popping noted on range of motion exercises. Range of motion was with extension 100% and flexion 90%. No ligament instability was noted on physical examination. Diagnostic imaging studies included MRI of the right knee, dated 4/15/2014, which revealed a torn medial meniscus, ACL complete tear, partial tear of the MCL, and chondromalacia patella. Previous treatment included medications, physical therapy and conservative treatment. A request had been made for EMG/NCS of the right lower extremity and was not certified in the pre-authorization process on 5/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuromuscular and Electrodiagnostic Medicine (AANEM)

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

Decision rationale: ACOEM guidelines do recommend electrodiagnostic studies, which must include needle EMG, and are recommended where a CT or MRI is equivocal and there are ongoing pain complaints that raise questions about whether there may be a neurological compromise and that may be identifiable (i.e., lower extremity symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, etc.). After review of the medical records provided, there was no identifiable determination of any signs or symptoms of radiculopathy on history present illness or physical examination. Therefore, this request is deemed not medically necessary.

Nerve Conduction Velocity (NCV) right lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuromuscular and Electrodiagnostic Medicine (AANEM)

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.