

<b>Case Number:</b>	CM14-0198057		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal 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:

The injured worker (IW) is a 39-year-old man with a date of injury of November 2, 2013. The mechanism of injury was a slip and fall. The current diagnoses are left knee internal derangement; s/p left knee surgery July 15, 2014 with meniscectomy, chondroplasty and synovectomy. The IW has been attending physical therapy to the left knee and has a knee brace. He has been approved for 18 sessions in total. The current request is for VsNCT (Voltage Actuated Sensory Nerve Conduction Threshold) bilateral lower extremities, ordered by the treating chiropractor. The medical record did not include any clinical documentation from this specific provider. There was no detailed discussion regarding efficacy of the prior surgery and therapy. A physical therapy note dated September 30, 2014 indicated the IW has more localized pain, and still has limited weight bearing endurance status post meniscal tear surgery. Documentation indicated that the IW only has symptoms in the left lower extremity, and the request is for VsNCT of the bilateral lower extremities. No other clinical information pertaining to this request was available in the medical records for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VSNCT bilateral lower extremities:** 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 [www.aetna.com/cpb/medical/data/300\\_399/0357.html](http://www.aetna.com/cpb/medical/data/300_399/0357.html)

**Decision rationale:** Pursuant to Aetna Clinical Policy Bulletin: Quantitative Sensory Testing Methods, Voltage Actuated Sensory Nerve Conduction Threshold is not medically necessary. Aetna considers Quantitative Sensory Testing, Current Perception Threshold and Voltage Actuated Sensory Nerve Conduction Threshold is not medically necessary experimental and investigational because of its clinical value has not been established in the peer-reviewed published medical literature. In this case, the injured worker underwent arthroscopy of the left knee with meniscal repair. Patient subsequently underwent physical therapy. There is no documentation in the medical record providing a clinical indication and or a clinical rationale for the Voltage Actuated Sensory Nerve Conduction Threshold. Additionally, this study is experimental and investigation because its clinical value has not been established in the peer-reviewed published medical literature. Consequently, Voltage Actuated Sensory Nerve Conduction Threshold.