

Case Number:	CM14-0199435		
Date Assigned:	12/09/2014	Date of Injury:	10/21/2013
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/28/2014

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 Neurology 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 32 year old male with a date of injury of 10/21/13. The mechanism of injury is reported to fall while working on a hillside. The IW reports pain in the lower back, bilaterally in the knees and the left ankle. The IW has been diagnosed with bilateral ACL tears and is status post arthroscopic surgery on the right knee. His physical exam from the progress note provided in the report form 6/18/14 reveals the following abnormalities: The IW is still reporting pain in the lower back with tenderness and spasm in the paravertebral muscle. The motor examination reveals the ankle dorsiflexion and plantar flexion are both rated as 4/5 bilaterally in the strength assessment. Both the knee extension and knee flexion are also reported as 4/5 bilaterally. The sensory examination is noted to be decreased in the left L5 dermatome (when assessing response to pain). A previous request to obtain Neurodiagnostics (in this case, a bilateral Electromyography) was determined to not be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurodiagnostics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: In this case, the initial request is for "Neurodiagnostics", however, this means obtaining Electromyography of the lower extremities. The IW has had persistent back pain with weakness in multiple myotomes bilaterally (from L4-S1) in addition to sensory deficits reported in the left L5 dermatome. The IW is also reporting pain in the knees bilaterally than can compromise the effort of the motor exam (specifically in the knee flexion and extension). It is also unclear how much the IW's ankle pain is affecting the motor examination with dorsiflexion and plantar flexion at this point as well. Since the IW is exhibiting weakness of the lower extremities without obvious nerve root dysfunction, per the algorithm 12-3 contained in the MTUS, obtaining an EMG of the lower extremities can be determined to be medically necessary.