

Case Number:	CM14-0203874		
Date Assigned:	12/16/2014	Date of Injury:	02/13/2013
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/05/2014

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 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:

This patient sustained an injury on 2/13/13 while employed by [REDACTED]. Request(s) under consideration include Electrodiagnostic studies of the left lower extremity (to assess common peroneal nerve). The patient is s/p left knee arthroscopy with synovectomies on 8/12/13. Conservative care has included medications, therapy, ACL brace, diagnostic X-rays and MRI, and modified activities/rest. Report from the provider noted the patient with chronic knee pain; recent injection at last visit did not help his symptoms. Exam showed left knee with pain along distal aspect of common peroneal nerve; negative Tinel's; functional range of left knee; with intact sensation and motor strength in the lower extremities. Treatment plan included diagnostics of MRI and electro diagnostic. The request(s) for Electrodiagnostic studies of the left lower extremity (to assess common peroneal nerve) was non-certified on 11/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodiagnostic studies of the left lower extremity (to assess common peroneal nerve):
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): 309.

Decision rationale: This patient sustained an injury on 2/13/13 while employed by [REDACTED]. Request(s) under consideration include Electrodiagnostic studies of the left lower extremity (to assess common peroneal nerve). The patient is s/p left knee arthroscopy with synovectomies on 8/12/13. Conservative care has included medications, therapy, ACL brace, diagnostic X-rays and MRI, and modified activities/rest. Report from the provider noted the patient with chronic knee pain; recent injection at last visit did not help his symptoms. Exam showed left knee with pain along distal aspect of common peroneal nerve; negative Tinel's; functional range of left knee; with intact sensation and motor strength in the lower extremities. Treatment plan included diagnostics of MRI and electro diagnostic. The request(s) for Electrodiagnostic studies of the left lower extremity (to assess common peroneal nerve) was non-certified on 11/21/14. Per Guidelines, EMG/NCS is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of knee disorder; hence, NCS without suspicion or findings of entrapment syndrome has not been established to meet guidelines criteria. Electrodiagnostic studies for ongoing pain complaints that raise questions about whether there may be a neurological compromise that may be identifiable (i.e., leg symptoms consistent with radiculopathy, spinal stenosis, peripheral neuropathy, entrapment syndrome, etc.) may be appropriate; however, submitted reports have not demonstrated any correlating symptoms and clinical findings to suggest peripheral neuropathy, or entrapment syndrome, but only with continued chronic knee pain. The Electrodiagnostic studies of the left lower extremity (to assess common peroneal nerve) are not medically necessary and appropriate.