

Case Number:	CM15-0019047		
Date Assigned:	02/06/2015	Date of Injury:	04/20/2010
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 52 year old female, who sustained an industrial injury on 04/20/2010. She has reported pain in the right knee and low back. The diagnoses have included posttraumatic degenerative joint disease, right knee; status post right total knee arthroplasty; low back pain; lumbar disc displacement; and lumbar radiculopathy. Surgical interventions have included a removal of total knee arthroplasty for an infected total knee arthroplasty, right knee, performed on 10/16/2014. The injured worker then underwent revision of a total knee arthroplasty on 12/16/2014, after receiving four weeks of intravenous antibiotic therapy. Currently, the IW complains of right knee swelling with a minute amount of drainage from the incision; and numbness on the bottom of the right foot. A progress note from the treating physician, dated 01/06/2015, reported objective findings to include little-to -no function of the posterior tibial nerve involving the medial and lateral plantar nerves of the foot; and the peroneal nerve and the anterior tibial nerve were working. The treatment plan included requests for stat Electromyography/Nerve Conduction Studies of the bilateral lower extremities, stat neurosurgery consultation, assignment of a nurse case manager; and home health physical therapy. On 01/16/2015 Utilization Review noncertified a prescription for STAT Electromyography (EMG)/Nerve Conduction Studies (NCS) bilateral lower extremities. Citation was not provided. On 02/02/2015, the injured worker submitted an application for STAT Electromyography (EMG)/Nerve Conduction Studies (NCS) bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

STAT Electromyography (EMG)/Nerve Conduction Studies (NCS) bilateral lower extremities: Overturned

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, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303, 260-262.

Decision rationale: The patient was injured on 04/20/2010 and presents with right knee swelling with a minute amount of drainage from the incision as well as numbness on the bottom of the right foot. The request is for a STAT ELECTROMYOGRAPHY (EMG)/ NERVE CONDUCTION STUDIES (NCS) OF THE BILATERAL LOWER EXTREMITIES. The utilization review denial letter did not provide any rationale. There is no RFA provided and the patient currently remains PPD. She will require a period of temporary total disability once surgery is performed. The patient did have a prior EMG on 06/26/2012 which showed S1 radiculopathy active. The 06/04/2012 MRI of the right knee indicated that the patient had tearing of the medial and lateral menisci with some wear of the joint line and moderate effusion. There is no indication of any prior NCV the patient may have had. For EMG, ACOEM Guidelines page 303 states, "electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG Guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, Second Edition chapter 11 page 260-262 states, "appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient had a prior EMG on 06/26/2012. The patient underwent a total knee arthroplasty on 12/16/2014. The 01/06/2015 report states that the patient had nerve testing and "the diagnostician felt that there was little to no function of the posterior tibial nerve involving the medial and lateral plantar nerves of the foot; the peroneal nerve was working and the anterior tibial nerve was working." This nerve testing was conducted after the patient's 12/16/2014 total knee arthroplasty. "Based on that, the patient should have a followup nerve test within the next week or two; that is the best way to follow it." In this case, the patient has had a recent surgery and the treater would like to follow up with a nerve testing. Therefore, the requested EMG/NCS of the bilateral lower extremities IS medically necessary.