

Case Number:	CM15-0141443		
Date Assigned:	07/31/2015	Date of Injury:	06/04/2014
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on 06-04-14. Initial complaints include pain, numbness and weakness in the lower back, left knee, leg, ankle and foot. Initial diagnoses are not available. Treatments to date include chiropractic and physical therapy evaluations, aqua therapy, stocking to the left leg, medications, and home exercise program. Diagnostic studies include electrodiagnostic studies of the bilateral lower extremities on 03-20-15. Current complaints include left hamstring, knee, ankle, and big toe pain. Current diagnoses include left knee and ankle sprain and strain, contusion right leg, edema left foot, internal derangement left knee, tight hamstring and muscle spasms. In a progress note dated 04-01-15 the treating provider reports the plan of care as continue home exercise program and aqua therapy, continued wearing of stocking to the left leg, a urine drug screen, and medications including Flexeril, Tramadol, Menthoderm ointment. Also requested is a return to clinic appointment in 4-6 weeks. The requested treatments include electrodiagnostic studies to the left leg, range of motion testing, and a return to clinic appointment in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV for the left leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (EMG/NCV).

Decision rationale: According to ODG, EMG/NCV may be ordered when it is expected that the results of the study will change treatment recommendations or confirm treatment recommendations. It is also ordered for a change in the patient's medical condition. In this case, there is no reported change in medical condition. There is also no documentation suggesting a change in medical condition to support neurologic testing. There is no documentation of a previous EMG/NCV provided. Therefore, this request is not medically necessary.

Range of Motion Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) physical examination (ROM) and Other Medical Treatment Guidelines ACOEM Practice Guidelines, page Chapter 7, page 127 and AMA Guide to Evaluation of Permanent Impairment.

Decision rationale: The request is for range of motion testing, although the specific areas of the body to be tested are not specified. It is also not specified as to whether standard ROM or computerized ROM testing is being requested. If standard ROM is being requested, then it is not medically necessary as ROM is an inherent part of any physical exam that any provider can perform. A separate consult for ROM is not supported by guidelines. If a computerized test is being requested, it too is not medically necessary. The ODG states that computerized testing is not recommended. In regards to the back, the relation between back ROM measures and functional ability is weak to nonexistent. The AMA Guidelines state that "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way." Therefore the request for ROM is not medically necessary.

Follow up in 4-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: ACOEM state that follow-up visits are necessary to monitor the patient's progress and to modify the treatment plan. In this case, the patient has chronic pain and extensive conservative therapy has been employed with no appreciable improvement in his symptoms or functional status. The patient's condition appears to be stable. There is no rationale given for the necessity of a follow-up appointment in 4-6 weeks. Therefore the request is deemed not medically necessary or appropriate.