

Case Number:	CM15-0185098		
Date Assigned:	09/25/2015	Date of Injury:	10/16/2014
Decision Date:	11/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, California

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 52 year old female, who sustained an industrial injury on 10-16-2014, resulting in pain or injury to the bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatment for right knee internal derangement, left knee internal derangement, and left knee meniscus tear. On 7-23-2015, the injured worker reported intermittent moderate sharp right knee pain rated 5 out of 10, and intermittent moderate achy left knee pain rated 7 out of 10, with weakness in both knees and numbness and tingling in both feet-toes. The patient has had 4/5 strength and antalgic gait. The Primary Treating Physician's report dated 7-23-2015, noted the injured worker's right knee with swelling, with decreased and painful range of motion (ROM), tenderness to palpation of the anterior knee, lateral joint line, posterior knee, and superior border of the patella, muscle spasms of the anterior and posterior knee, and a positive McMurray's. The left knee was noted to have some swelling with decreased and painful range of motion (ROM), tenderness to palpation of the anterior knee, lateral joint line, medial joint line, and posterior knee, with muscle spasm of the anterior and posterior knee. Prior treatments have included at least 7 sessions of physical therapy, and medications. The treatment plan was noted to include requests for physical therapy, acupuncture, bilateral knee x-rays, and a nerve conduction velocity (NCV) - electromyography (EMG) of the bilateral lower extremities. The injured worker was recommended to remain off work until 9-6-2015. The request for authorization dated 7-29-2015, requested a NCV/EMG of the bilateral lower extremities. The Utilization Review (UR) dated 8-13-2015, non-certified the request for a NCV/EMG bilateral lower extremities. The patient sustained the injury due to slip and fall incident. The patient had received an unspecified number of PT visits for this injury with minimal improvement. The medication list includes Tramadol, Motrin and Protonix. The patient has had history of HTN and DM. The patient's surgical history includes left thumb surgery and right thumb amputation.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV/EMG bilateral lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: NCV/EMG bilateral lower extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." On 7-23-2015, the injured worker reported weakness in both knees and numbness and tingling in both feet-toes. The patient has had 4/5 strength and antalgic gait. The patient has already had conservative treatment. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms and would help to identify the level at which nerve root impingement may be occurring. This information would guide further management. The request of NCV/EMG bilateral lower extremities is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.