

Case Number:	CM15-0196182		
Date Assigned:	10/09/2015	Date of Injury:	03/27/2014
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 55 year old male, who sustained an industrial injury on 03-27-2014. The injured worker was diagnosed as having left knee medial meniscus pathology. On medical records dated 07-31-2015 and 08-06-2015, the subjective complaints were noted as left knee pain. Pain was rated 7 out of 10. The injured worker was status post left knee arthroscopy on 06-13-2015. Objective findings were noted as left knee tenderness, flexion was noted 100 degrees and extension 0 degrees. Positive McMurray medial aspect was noted. Treatments to date included medication, heat, home exercise program and physical therapy. The injured worker was noted to be temporarily totally disabled. Current medications were listed as tramadol ER and Cyclobenzaprine. The Utilization Review (UR) was dated 10-01-2015. A request for Neurodiagnostic testing of the left lower extremity was submitted. The UR submitted for this medical review indicated that the request for Neurodiagnostic testing of the left lower extremity was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurodiagnostic testing of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography) (2) Low Back-Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

Decision rationale: The claimant sustained a work injury in March 2014 and underwent an arthroscopic medial meniscectomy on 06/15/15. His injury occurred when he tripped and fell, landing on the left knee. He is also being treated for low back pain with left lower extremity radiculopathy. An MRI of the lumbar spine in November 2014 included findings of multilevel foraminal narrowing with left lateralization at L4/5. When seen, he had ongoing low back and left lower extremity symptoms with numbness and tingling and fasciculations. There was diffuse lumbar tenderness. There was positive left straight leg raising with decreased left lower extremity sensation. Electrodiagnostic testing is being requested. Nerve conduction studies are recommended to differentiate radiculopathy from other neuropathies or nonneuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. An EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. An EMG is not necessary if radiculopathy is already clinically obvious. In this case, the claimant's left lower extremity radicular symptoms are already explained by the MRI findings in November 2014 and radiculopathy is being demonstrated clinically. Left lower extremity electrodiagnostic testing is not considered medically necessary.