

Case Number:	CM15-0203456		
Date Assigned:	10/20/2015	Date of Injury:	03/05/2014
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/15/2015

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:

The injured worker is a 26 year old female, who sustained an industrial injury on 03-05-2014. The injured worker is noted to be currently working and on temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left knee chondromalacia, left internal derangement, left knee sprain-strain, and status post left knee surgery. Treatment and diagnostics to date has included left knee surgery, postoperative physical therapy, left knee MRI, and medications. Recent medications have included Norco and Naproxen. Subjective data (06-15-2015 and 08-27-2015), included left knee pain rated 7 out of 10. Objective findings (08-27-2015) included tenderness to palpation of the anterior left knee with muscle spasm and positive McMurray's test. The request for authorization dated 08-27-2015 requested chiropractic physio therapy, medications, weight watcher trial, initial functional capacity evaluation, left knee brace, and EMG-NCV (electromyography-nerve conduction velocity studies) to bilateral lower extremities due to deteriorating neurologic conditions. The Utilization Review with a decision date of 09-14-2015 non-certified the request for EMG-NCV bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in March 2014 when, while restraining a patient, she had a snapping sensation in her left knee followed by left knee pain. She had 12 sessions of physical therapy. An MRI of the knee showed a lateral meniscus tear and she underwent surgery in October 2014 followed by another 12 physical therapy sessions. When seen, she was having left knee pain with episodes of giving way. She was not using an assistive device. Pain was rated at 7/10. Physical examination findings included decreased left quadriceps strength graded at 5-/5. There was a mildly antalgic gait with a limp. There was decreased knee flexion and anterior knee tenderness and spasm. McMurray testing was positive. Anterior drawer, posterior drawer, and varus testing was negative. Authorization was requested for medications, electrodiagnostic testing, a weight loss program, six sessions of therapy, and a hinged brace. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. The claimant has decreased left knee strength and a limp after left knee surgery without other neurological findings. There is no documented neurological examination that would support the need for obtaining a lower extremity EMG or NCS testing at this time. Bilateral testing is being requested and testing the asymptomatic right lower extremity would not be needed. For any of these reasons, this request is not medically necessary.