

Case Number:	CM15-0022955		
Date Assigned:	02/12/2015	Date of Injury:	09/16/1999
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/06/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 16, 1999. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve a request for EMG testing of the left lower extremity. The claims administrator noted that the applicant was eight weeks removed from a total knee arthroplasty. The claims administrator referenced a December 29, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a December 18, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant had undergone a left total knee arthroplasty. The attending provider contended that the applicant had developed peroneal nerve palsy. The applicant had also undergone a right total knee arthroplasty, it was stated. The applicant was using a walker to move about. An ankle-foot orthosis was evident about the left leg. EMG testing was endorsed. The applicant was placed off of work, on total temporary disability. In a December 23, 2014 RFA form, EMG testing of the left lower extremity was endorsed to determine the presence or absence of a peroneal nerve palsy. On November 13, 2014, the attending provider again stated that the applicant had developed a left peroneal nerve palsy following the previous total knee arthroplasty procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Left Lower Extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Ankle and Foot Complaints 377.

Decision rationale: Yes, the proposed EMG of the left lower extremity was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does acknowledge that the routine usage of electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is deemed "not recommended," in this case, however, the applicant has clinical evidence of a peroneal nerve palsy. The applicant has apparently developed issues with left lower extremity weakness following a failed total knee arthroplasty surgery. The attending provider stated on several occasions that the applicant's left lower extremity neurologic function had failed to recover spontaneously following the total knee arthroplasty. Further investigation via the proposed EMG testing was, thus, indicated. Therefore, the request was medically necessary.