

Case Number:	CM15-0025536		
Date Assigned:	02/18/2015	Date of Injury:	03/26/2014
Decision Date:	12/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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

Certification(s)/Specialty: Emergency 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 injured worker is a 46 year old female who sustained an industrial injury on March 26, 2014. The worker is being treated for: right knee pain; adjustment disorder with depressed mood; ankle sprain; unspecified neuralgia. Subjective: December 23, 2014, "right knee feels better," however, residual symptoms still persist and will wax and wane throughout the day. She is also with complaint of sharp electric sensations down the right lateral thigh. Objective: December 23, 2014, right knee decreased diffuse lateral tenderness and medial tenderness to palpation; peripatellar tenderness, and crepitation. Medications: November 25, 2014, December 23, 2014: Nabumetone, Norco, Flexeril, Medrox, gabapentin initiated. Treatments: activity modifications, 4 sessions of physical therapy (noted 70 % improved); home exercise, TENS. Diagnostics: December 23, 2014 pending authorization for EMG, NCV; MRI right knee March 24, 2014. On January 21, 2015 a request was made for electromyography and nerve conduction study of right lower extremity that was noncertified by Utilization Review on January 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004.

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

Decision rationale: The requested Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of right lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The injured worker has "right knee feels better," however, residual symptoms still persist and will wax and wane throughout the day. She is also with complaint of sharp electric sensations down the right lateral thigh. Objective: December 23, 2014, right knee decreased diffuse lateral tenderness and medial tenderness to palpation; peripatellar tenderness, and crepitation. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies of right lower extremity is not medically necessary.