

Case Number:	CM15-0218955		
Date Assigned:	11/10/2015	Date of Injury:	06/11/2015
Decision Date:	12/31/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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, 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:

This is a 50 year old female patient who sustained an industrial injury on 6-11-2015. The diagnoses include contusion left knee with patellofemoral pain syndrome and edema of Hoffa's fat pad; small oblique tear posterior horn medial meniscus left knee; mild Grade I anterior cruciate ligament sprain left knee; lumbar spine myoligamentous sprain-strain; left lumbar radiculitis and rule out lumbar disc injury. According to the progress report dated 10-12-2015, she complained of constant, sharp, pulling pain in the center of her low back without radiation of pain into bilateral lower extremities. She also complained of burning, throbbing pain of the anterior knee that radiated down her leg. She reported numbness and tingling of the anterior knee over the patella. She stated she worked through 9-28-2015 and thereafter took two weeks off. Objective findings (10-12-2015) of the left knee revealed generalized, extreme tenderness to palpation without regard for anatomic location. She was walking with a left sided antalgic gait. There was tenderness to palpation of the supraspinatus ligament L3-Sacrum. The patient was tearful during the exam. The medications list includes Norco, Naproxen and topical cream. She had left knee MRI on 10/19/15 which revealed grade 2 partial thickness chondral loss and fraying with in the central medial femoral condyle, no evidence of meniscus tear or fracture. Treatment has included physical therapy (3 sessions which seemed to worsen her symptoms) and medications. The original Utilization Review (UR) (10-21-2015) denied a request for electromyography (EMG)-nerve conduction velocity (NCV) of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

One EMG/NCV of the left lower extremity as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

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

Decision rationale: Request: One EMG/NCV of the left lower extremity as an outpatient. Per ACOEM 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 records provided the patient has back pain without radiation to her bilateral lower extremities. Evidence of neurological symptoms in the lower extremities is not specified in the records provided. Failure to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A detailed neurological exam of the lower extremities was not specified in the records provided. A detailed recent exam of the lumbar spine was not specified in the records provided. The medical necessity of One EMG/NCV of the left lower extremity as an outpatient is not fully established for this patient at this time.