

Case Number:	CM15-0051052		
Date Assigned:	03/24/2015	Date of Injury:	12/03/2013
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 26 year old female, who sustained an industrial injury on December 3, 2013. Treatment to date has included rest, activity modification, and medication and on 1/20/15, the patient underwent manipulation under anesthesia with lysis of adhesions. On November 20, 2014, the injured worker complained of intermittent pain in the lower back, numbness and tingling in the left leg, occasional pain in her right hip, constant pain in her left knee with redness, heat, swelling, and stiffness, and constant left foot pain, with numbness noted on the side of the foot and pain on the top of the foot. The single Primary Treating Physician's report submitted for review dated November 20, 2014, noted the injured worker also complained of difficulty falling asleep due to pain, waking during the night due to pain, decreased muscle mass and strength, numbness with pain and tingling with pain. The injured worker was noted to be taking Ibuprofen for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, Post-surgical Treatment Guidelines Page(s): 25.

Decision rationale: Twelve sessions of physical therapy for the left knee is not medically necessary. The documentation indicates that on 4/6/15 the patient was certified to have 6 additional PT sessions authorized in addition the 18 authorized previously. The MTUS recommends up to 20 visits for this surgery. The request for 12 more sessions would greatly exceed this number. The MTUS supports transitioning to an independent home exercise program. At this time an additional 12 sessions of physical therapy are not medically necessary.

EMG/NCV of the left lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Curr Rev Musculoskelet Med. Jun 2008; 1 (2); 147 - 153. Evaluation and Treatment of Peroneal Neuropathy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: EMG/NCV of the left lower extremity is medically necessary per the MTUS ACOEM Guidelines. The guidelines states that when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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. The Nov. 2014 progress note indicates that the patient has low back pain and radiating pain into the left leg. The documentation indicates that the patient complains of left lower extremity numbness/tingling. It would be prudent to address the etiology of her persistent left leg symptoms and therefore electrodiagnostic testing would be helpful to evaluate this. The request for an EMG/NCV of the left lower extremity is medically necessary.