

Case Number:	CM15-0053837		
Date Assigned:	03/27/2015	Date of Injury:	09/12/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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 41-year-old male, who sustained an industrial injury on September 12, 2013. He reported neck, low back, bilateral shoulder, left knee pain and left ankle pain. The injured worker was diagnosed as having cervical spine strain, lumbar spine strain, internal derangement of the left knee, resolved sprain of the right and left shoulders, contusion of the left ankle and left knee surgery. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left knee, conservative treatments including chiropractic care, medications and work restrictions. Currently, the injured worker complains of left knee and left elbow pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 12, 2014, revealed continued left elbow and knee pain with associated swelling. He reported the left knee locking up causing him to fall nearly a month earlier. He reported falling on the left elbow and having pain in the left elbow since. Evaluation on January 11, 2015, revealed continued complaints however, he did not wish to proceed with an additional knee surgery at this time. Electrodiagnostic studies were recommended for the upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-related injury in September 2013 and continues to be treated for left elbow and left knee pain. When seen, physical examination findings reported were normal right upper extremity sensation. 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 are no complaints or physical examination findings that support the need for electrodiagnostic testing of either the upper or the lower extremities. Therefore, this requested is not medically necessary.