

Case Number:	CM15-0060368		
Date Assigned:	04/06/2015	Date of Injury:	02/01/2011
Decision Date:	05/12/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/30/2015

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: Internal 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 42 year old male, who sustained an industrial injury on February 1, 2011. He reported his right knee gave way with a fall to the ground. The injured worker was diagnosed as status post right knee ACL reconstruction with mild to moderate degenerative joint disease and knee osteoarthritis. Treatment to date has included diagnostic studies, surgery, injections, acupuncture and medications. On March 11, 2015, the injured worker was noted to have no subjective complaints. Physical examination revealed minimal effusion of the right knee, otherwise no changes. The injured worker underwent an Orthovisc injection into the right knee and tolerated it well. The treatment plan included a one-week follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV on the right lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back/Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). Work Loss Data Institute Low back lumbar & thoracic (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47586>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG electromyography for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) indicates that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. The progress report dated 3/9/15 documented subjective complaints of low back pain radiating to the left calf. Sometimes the pain travels to the right leg. NCV nerve conduction velocity of the lumbar spine and lower extremities were requested. Official Disability Guidelines (ODG) indicate that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back indicates that nerve conduction studies (NCS) are not recommended. The request for nerve conduction velocity (NCV) is not supported by ODG or Work Loss Data Institute guidelines. Therefore, the request for NCV nerve conduction velocity of bilateral lower extremities is not medically necessary.

NCV on the left lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back/Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). Work Loss Data Institute Low back lumbar & thoracic (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47586>.

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