MAXIMUS Federal Services

Case Number:	CM15-0084106		
Date Assigned:	05/06/2015	Date of Injury:	08/29/2013
Decision Date:	06/04/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, 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:

The injured worker is a 38-year-old male who sustained an industrial injury on 08/29/2013. Current diagnoses include knee medial meniscus derangement/tear and knee pain. Previous treatments included medication management, hinged knee support, cortisone injection, right knee arthroscopic surgery on 02/06/2014, physical therapy, and home exercise program. Initial complaints included severe pain and immediate swelling in the right knee after hearing a snap. Report dated 03/18/2015 noted that the injured worker presented with complaints that included right knee pain. Pain level was 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for tenderness to palpation. The remainder of the exam was hard to decipher. The treatment plan included requests for MRI of the right knee, EMG/NCV study of the bilateral lower extremity, x-ray right knee, and continued physical therapy. Disputed treatments include electromyography (EMG)/nerve conduction velocity (NCV) study bilateral lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG / NCV - BLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: Electrodiagnostic studies are contraindicated for all knee injuries. The claimant was to get an MRI and had a history of chondromalacia. Neuropathy or spinal findings were not mentioned to warrant the studies. The request for an EMG/ NCV of the legs is not medically necessary.