MAXIMUS Federal Services

Case Number:	CM15-0089861		
Date Assigned:	05/14/2015	Date of Injury:	08/08/2013
Decision Date:	06/15/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 40-year-old male, who sustained an industrial injury on 8/8/13. He reported left knee pain. The injured worker was diagnosed as having left knee (ACL) Anterior Cruciate Ligament tear and rupture. Treatment to date has included left knee scope with debridement and (ACL) Anterior Cruciate Ligament reconstruction with allograft tendon, physical therapy, oral medications including narcotics, cortisone injections of bursa region and home exercise program. Currently, the injured worker complains of continued left knee pain with tightness anteriorly and increasing right knee pain anteriorly. Physical exam noted no abnormalities. The injured worker states the pain has slowly returned following bursa cortisone injection. A request for authorization was submitted for (EMG) Electromyogram of left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for EMG/NCV consult and treat ("left leg"): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation The Official Disability Guidelines (http://www.odg-twc.com/Low_Back.htm).

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 injury in August 2013 and underwent a left ACL reconstruction and September 2013. He had postoperative physical therapy. When seen, there had been temporary improvement for four days after a pes anserine bursa injection. Physical examination findings included actual medial proximal tibial tenderness. There was normal strength. Authorization for electrodiagnostic testing was requested for the evaluation of nerve pain. 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 is no evidence of peripheral nerve compression or history of metabolic pathology. There is no documented neurological examination that would support the need for obtaining EMG or NCS testing at this time. Therefore, this requested is not medically necessary.