

Case Number:	CM14-0111025		
Date Assigned:	08/01/2014	Date of Injury:	07/18/2013
Decision Date:	10/14/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 31-year-old female was reportedly injured on July 18, 2013. The mechanism of injury was being thrown off a lift onto the ground. The most recent progress note, dated May 1, 2014, indicated that there were ongoing complaints of low back pain, hip pain, knee pain, and left ankle/foot pain. Current medications include Vicodin and ibuprofen. The physical examination demonstrated the patient with antalgic gait and with the assistance of a cane. There were tenderness over the lumbar spine paravertebral muscles and tenderness over the sciatic notch on the right side. There was decreased lumbar spine range of motion with pain and a normal lower extremity neurological examination. Examination of the knees revealed patellar crepitus and tenderness. There was left-sided medial joint line tenderness and right-sided lateral joint line tenderness. There was a positive left-sided McMurray's test. Examination of the left ankle indicated tenderness over the anterior talofibular ligament and peroneal tendons. Diagnostic imaging studies of the left ankle were normal. An MRI of the left knee revealed a minimal degenerative signal of the menisci without a tear. Previous treatment included physical therapy and oral medications. A request had been made for EMG and NCV studies of the lower bilateral extremities, a functional capacity evaluation related to the trunk and extremities and physical therapy twice a week for six weeks for the left hip/knee/ankle and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremities: Upheld

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

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

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. However, there are no abnormal neurological findings on physical examination. As such, this request for EMG and NCV studies of the bilateral lower extremities are not medically necessary.

NCV of bilateral lower extremities: Upheld

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

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

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurological dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. However, there are no abnormal neurological findings on physical examination. As such, this request for EMG and NCV studies of the bilateral lower extremities are not medically necessary.

Functional Capacity Evaluations: related to the trunk and 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, Fitness for Duty: Guidelines for performing a FCE (Functional Capacity Evaluation)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation, Updated September 23, 2014.

Decision rationale: According to the Official Disability Guidelines, the criteria for performing a functional capacity evaluation include unsuccessful return to work attempts and indications that the injured employee is close to or at maximum medical improvement. The progress note, dated May 1, 2014, stated the injured employee's currently not working and does not mention any prior attempt to return to work. Also, there were additional recommendations for physical therapy, indicating that the engine employed is not suspected to be at MMI. As such, this request for a functional capacity evaluation is not medically necessary.

Physical Therapy 2 times a week x 6 weeks to left hip / left knee / left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

Decision rationale: According to the progress note, dated May 1, 2014, the injured employee has previously participated in physical therapy and at this point is expected to have transitioned to a home exercise program. Without additional justification, this request for additional physical therapy two times a week for six weeks for the left hip, left knee, and left ankle is not medically necessary.