

Case Number:	CM14-0116546		
Date Assigned:	08/04/2014	Date of Injury:	07/18/2013
Decision Date:	10/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/24/2014

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 and 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 32-year-old individual was reportedly injured on 7/18/2013. The mechanism of injury was noted as not listed. The most recent progress note, dated 6/12/2014, indicated that there were ongoing complaints of bilateral knees pains. The physical examination demonstrated bilateral knees had McMurray's test that was noted to be positive bilaterally with medial and lateral joint line tenderness and patellar crepitus. Diagnostic imaging studies included bilateral knees MRIs, dated 11/8/2013, which revealed a normal study. Previous treatment included medications and conservative treatment. A request had been made for EMG/NCV of the bilateral lower extremities and was not certified in the pre-authorization process on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG- Bilateral 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-Lumbar Spine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines - Low Back Disorders - Diagnostic Investigations (electronically sited)

Decision rationale: 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. Given the lack of documentation of a neurological exam or mention of signs and symptoms consistent with a radiculopathy and/or peripheral neuropathy, this request is not medically necessary.

NCV- Bilateral 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 (ODG) -Lumbar Spine

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Nerve Conduction Studies

Decision rationale: MTUS/ACOEM guidelines do not address this request. The ODG does not recommend nerve conduction velocities (NCV) of the lower extremities for low back pain. After review of the medical records provided, there was no objective clinical findings of radiculopathy on physical exam. As such, this request is not medically necessary.