

Case Number:	CM14-0133995		
Date Assigned:	09/03/2014	Date of Injury:	01/15/2012
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This is a 42-year-old man who injured his right knee on Jan 5, 2012 and was diagnosed with right internal derangement. He also injured is right foot when it slipped on a step with an eversion injury and immediate pain and ankle swelling. MRI in June 2013 showed an ACL tear and medial collateral ligament partial tear or strain. Right foot MRI in November 2012 showed a mild amount of fluid within the flexor digitorum longus tendon sheath, mild-to-moderate hallux valgus deformity, and slightly increased signal intensity in the insertion of the plantar fasciitis in the calcaneus. He was diagnosed with a right Lisfranc foot sprain and pes planus. EMG/NCV in August 2013 showed slight to moderate right tibial nerve compression at the ankle consistent with the diagnosis of tarsal tunnel syndrome. He had foot physical therapy. He was diagnosed with right tarsal tunnel syndrome and declared permanent and stationary. He was suggested to use anti-inflammatory medications, steroid injections and orthotics for his tarsal tunnel syndrome. Five months after right anterior cruciate ligament reconstruction, he complained of weakness and instability and numbness over the anterior right proximal tibia covering the entire proximal anterior shin. He stated the numbness has been present since surgery. A magnetic resonance imaging scan revealed an intact anterior cruciate ligament graft. He had no swelling or medial joint line tenderness on the right; however, he did have hypersensitivity over the anterior proximal shin. The worker was recommended to have a home exercise program, use a knee brace, continue his medications and go for a second orthopedic opinion.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the right lower extremity especially over the anterior tibialis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Knee>; Table 2, Summary of Recommendations, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-347.

Decision rationale: The injured worker has a date of injury of 01/15/12 and had anterior cruciate ligament reconstruction. He was examined on June 16, 2014 and the injured worker had complaints of numbness along the anterior tibialis muscle and regional weakness and pain 5 months after anterior cruciate ligament reconstruction. The injured worker continues to complain of instability in the knee. A magnetic resonance imaging scan of the right knee indicates an intact anterior cruciate ligament graft. There is no detailed neurological physical exam including the degree of weakness, strength testing, visualization of muscle tone, bulk, or dermatomally-focused sensory examination including 2-point discrimination, gross sensation or vibratory sensation. Without specific physical exam findings, and per Chronic Pain Medical Treatment Guidelines, electromyography for regional knee pain is not recommended.

NCV of the right lower extremity especially over the anterior tibialis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.acoempracguides.org/Knee>; Table 2, Summary of Recommendations, Knee Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 343-347.

Decision rationale: The injured worker has complaints of numbness along the anterior tibialis muscle and regional weakness and pain after anterior cruciate ligament reconstruction. There is no detailed neurological leg physical exam including the degree of weakness, strength testing, visualization of muscle tone, bulk, or dermatomally-focused sensory examination including 2-point discrimination, gross sensation or vibratory sensation. Without specific physical exam findings, and per Chronic Pain Medical Treatment Guidelines, nerve conduction velocity studies for regional knee pain is not recommended.