

Case Number:	CM14-0134050		
Date Assigned:	08/25/2014	Date of Injury:	10/14/2010
Decision Date:	10/30/2014	UR Denial Date:	07/15/2014
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 California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 14, 2010. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; earlier knee surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 15, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator based the denial on a Request for Authorization (RFA) form dated July 10, 2014. It did not appear, however, that July 10, 2014 RFA form and/or associated progress notes were incorporated into the Independent Medical Review medical record packet. The claims administrator did allude to a progress note dated June 27, 2014 in its rationale, however, which was incorporated into the IMR packet. The applicant's attorney subsequently appealed. In a progress note dated March 21, 2014, the applicant reported persistent complaints of knee pain, dull, aching, and aggravated by standing and walking. The applicant was asked to obtain DNA testing, a knee brace, orthopedic consultation, acupuncture, and physical therapy. Extracorporeal shock wave therapy and drug testing were also sought. In an April 2, 2014 consultation, the applicant apparently consulted a knee surgeon, who noted that the applicant was a candidate for a revision knee arthroscopy. The applicant was no longer working as a waitress, it was further noted. In a June 27, 2014 progress note, the applicant reported persistent complaints of 3-7/10 knee pain, dull, throbbing, and exacerbated by standing and walking. The applicant was placed off of work, on total temporary disability. A positive McMurray maneuver was noted about the right knee. Topical compounds, Motrin, Voltaren, Glucosamine, Prilosec, and DNA testing were sought while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 347.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, electrical studies such as the EMG at issue are "not recommended" and contraindicated for nearly all knee injury diagnoses. In this case, it was not clearly stated what was sought. It was not clearly stated what was suspected. The bulk of the information on file suggested that the applicant had mechanical complaints of knee pain associated with meniscal derangement of the same. EMG testing, as suggested by ACOEM, is not recommended to further evaluate the same. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, electrical studies such as the NCV at issue are "not recommended" and contraindicated for nearly all knee injury diagnoses. In this case, no clear rationale for the study in question was proffered by the applicant's primary treating provider or the secondary treating provider, both of whom suggested that the applicant had mechanical symptoms of knee pain associated with meniscal derangement of the same. NCV testing is not indicated to further evaluate the same, per ACOEM. Therefore, the request is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, electrical studies such as the NCV at issue are "not recommended" and contraindicated for nearly all knee injury diagnoses. In this case, the attending provider failed to

furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. All of the information on file points to the applicant's having issues with mechanical knee pain associated with meniscal derangement/internal derangement of the same. This is not an indication for electrodiagnostic testing, per ACOEM. Therefore, the request is not medically necessary.

Electromyography (EMG) of the Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The operating diagnosis given here is that meniscal derangement of the knee. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 13, Table 13-5, page 343, however, electrodiagnostic testing, including the EMG at issue, is scored 0/4 in its ability to identify and define suspected meniscal pathology. No rationale for pursuit of this particular study in the face of the unfavorable ACOEM position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.