

Case Number:	CM14-0212810		
Date Assigned:	12/30/2014	Date of Injury:	12/12/2013
Decision Date:	02/28/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 12, 2013. In a Utilization Review Report dated November 28, 2014, the claims administrator partially approved a request for electrodiagnostic testing of the bilateral lower extremities as EMG testing of the bilateral lower extremities alone. The claims administrator referenced an October 20, 2014 progress note in the determination. The claims administrator noted that the applicant had undergone an earlier arthroscopic medial and lateral meniscectomy surgery of August 20, 2014. On the IMR application, the applicant's attorney wrote: "Bilateral lower extremity EMG only." The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, the applicant reported 6-7/10 low back and knee pain. The applicant was off of work. The applicant was on Motrin, Norco, and doxazosin, it was stated. The applicant exhibited well-preserved range of motion. The applicant was placed off of work, on total temporary disability. Extended release Voltaren and physical therapy were endorsed. The applicant had undergone an earlier knee chondroplasty, synovectomy, partial medial meniscectomy, and partial lateral meniscectomy on August 28, 2014. In a July 30, 2014 progress note, the applicant was described as having no significant past medical history. The applicant was working modified duty as of that point in time. In an RFA form dated November 14, 2014, the attending provider sought authorization for electrodiagnostic testing of bilateral lower extremities to rule out nerve damage and radiculopathy. The stated diagnosis was lumbar strain. No clinical progress notes were attached to the RFA form.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lower extremity EMG only: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2014, Low Back and EMG/NCV

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does recommend EMG testing to clarify a diagnosis of suspected nerve root dysfunction in applicants who have failed to improve following one month of conservative treatment, here, however, it was not clearly stated why a lumbar radicular process was suspected here. There was no mention of the applicant having radicular pain complaints on progress notes of July 2, 2014, July 30, 2014, or October 20, 2014. The applicant's low back pain issues were, at best, incidentally alluded to on those dates. The applicant's primary pain generator, on those dates, was his left knee. There was no mention of the applicant's having active radicular complaints so as to compel the EMG request at issue. Therefore, the request was not medically necessary.