MAXIMUS Federal Services

Case Number:	CM15-0111172		
Date Assigned:	06/17/2015	Date of Injury:	01/01/2015
Decision Date:	07/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
Certification(s)/Specialty: Emergency 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 injured worker is a 63 year old male who sustained an industrial fall injury on 01/01/2015. The injured worker was initially diagnosed with a comminuted displaced intertrochanteric hip fracture. The injured worker underwent an open reduction internal fixation of the right hip on January 2, 2015. The injured worker received post-operative rehabilitative services with physical therapy. Treatment to date has included diagnostic testing, surgery, physical therapy, Interferential (IF) unit, multi-disciplinary evaluations and treatment, assistive ambulatory devices and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience right hip stiffness radiating to the right knee with numbness, tingling and weakness. The injured worker rates his pain level at 6-7/10 with medications. Examination of the right hip demonstrated no edema with decreased range of motion in all planes and tenderness to palpation and muscle spasm of the anterior and posterior hip. Patrick's test was positive. Current medications are listed as Norco, Soma, Voltaren and Protonix. Treatment plan consists of home health care services, acupuncture therapy and the current request for an Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities and Computed Tomography (CT) of the right femur.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309 and 377.

Decision rationale: EMG(Electromyelography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. Patient has known reason for hip pain. There is no neurological deficits documented. There is no motor deficit. The exam is and complaint is not consistent with any nerve root dysfunction. There is no evidence based rationale or any justification noted by the requesting provider. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.

CT Scan Right Femur: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Knee and Leg, Acute and Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Hip and Pelvis: CT (computed tomography).

Decision rationale: MTUS chronic pain and ACOEM does not adequately have any sections that directly relate to this topic. As per Official Disability Guidelines, CT scan of hip may be supported in suspicion concerning Sacral insufficiency fractures, Suspected osteoid osteoma, Subchondral fractures and Failure of closed reduction. Patient is post hip open reduction and internal fixation of hip fracture. Recent x-ray shows no loosening of hardware. Provider did not document any concern for malunion or any issues with the fracture. CT scan is not medically necessary.