

Case Number:	CM15-0119675		
Date Assigned:	06/25/2015	Date of Injury:	12/30/2014
Decision Date:	07/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/22/2015

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: Physical Medicine & Rehabilitation

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 74 year old male with an industrial injury dated 10/24/2006-12/30/2014 (cumulative trauma). The injury is documented as occurring when he got his right foot pinned between a metal ramp and a pallet jack. He experienced immediate pain to his right ankle and foot. His diagnosis was chronic nonmalignant pain of the right knee and right ankle, rule out tendinitis/bursitis. Comorbid diagnoses included hypertension and high cholesterol. Prior treatment included pain medication, anti-inflammatory medication and diagnostics. He presents on 05/11/2015 with complaints of daily intermittent sharp and stabbing pain in the right knee. He complains of difficulty sleeping and awakens with pain and discomfort. He also noted pain in the right ankle and foot which also causes difficulty sleeping. Physical exam of lumbar spine noted a normal gait without assistive device. There was tenderness and spasm in the paravertebral muscle. The injured worker experienced pain with the toe and heel walk. Hip examination noted range of motion was accomplished without pain. Strength of hips was normal. There was pain with flexion, adduction, internal rotation and external rotation on the right. Right ankle was tender. Physical examination of the knee noted discomfort on dorsiflexion, plantar flexion and flexion and extension of his right knee against gravity. Medial and lateral joint line tenderness was noted. Treatment plan included electro diagnostic studies of upper and lower extremities and functional capacity evaluation to systematically document his current physical abilities. The treatment request is for electromyogram (EMG) and nerve conduction velocity (NCV) studies for the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG)/Nerve conduction velocity (NCV) studies for the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Chapter 12, "Low Back Complaints", Table 12-8, Electrodiagnostics, page 309.

Decision rationale: Per MTUS Guidelines, without specific symptoms or neurological compromise consistent with peripheral neuropathy or entrapment syndrome, radiculopathy, foraminal or spinal stenosis, medical necessity for EMG and NCV has not been established. Submitted reports have not demonstrated any symptoms or clinical findings to suggest any entrapment syndrome or radiculopathy only with continued diffuse tenderness without neurological deficits of specific consistent myotomal or dermatomal correlation to support for the electrodiagnostics. There was no documented failed conservative trial for this chronic injury without new injury or acute changed findings. The Electromyogram (EMG)/Nerve conduction velocity (NCV) studies for the right lower extremity is not medically necessary and appropriate.