

Case Number:	CM15-0123731		
Date Assigned:	07/08/2015	Date of Injury:	02/03/2013
Decision Date:	08/04/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 43 year old male, who sustained an industrial injury on 2/03/2013, as the result of a motor vehicle accident. The injured worker was diagnosed as having lumbosacral sprain with persistent symptoms, patellofemoral lateral compartment chondromalacia of the right knee, consider tear of the medial meniscus, and bilateral Achilles tendinitis. Treatment to date has included right knee surgery in 11/2013 and 9/2014, physical therapy, home exercise program, and medications. Currently (4/09/2015), the injured worker complains of continued pain in his low back, bilateral ankles (Achilles tendon area), and right knee. He reported that his low back pain did not radiate to the lower extremities. Lower extremity sensation was intact and strength was 5/5. He was currently taking Motrin. The treatment recommendation included electromyogram and nerve conduction studies of the lower extremities. His work status remained total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines,

Low Back-Lumbar & Thoracic (Acute & Chronic) Procedure Summary online version (updated 05/15/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: This 43 year old male has complained of low back pain, ankle pain and knee pain since date of injury 2/3/13. He has been treated with surgery, physical therapy and medications. The current request is for an EMG/NCV study of the bilateral lower extremities. The available medical records do not document any objective or subjective findings of radiculopathy or neurologic deficit that would support the necessity of obtaining an EMG/NCV of the bilateral lower extremities. Based on the MTUS guidelines cited above and the available provider documentation, EMG/NCV of the bilateral lower extremities is not indicated as medically necessary.