

Case Number:	CM15-0126228		
Date Assigned:	07/10/2015	Date of Injury:	06/11/2014
Decision Date:	08/10/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 06/11/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having osteoarthritis of the knee, internal derangement of the knee unspecified, lumbosacral spondylosis without myelopathy, lumbar spine strain, generalized and unspecified atherosclerosis, pain in the pelvic and thigh joint region, diabetes mellitus type II, and hypertension. Treatment and diagnostic studies to date has included a medication regimen. In a progress note dated June 2, 2015 the treating physician reports continued pain to the left knee that is noted to restrict the injured worker's activities of daily living with functional limitations. The treating physician requested an electromyogram with nerve conduction velocity of the left knee as recommended due to back, left hip, and leg pain by a qualified medical evaluation performed in November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury and May 2014 and underwent left knee arthroscopic surgery with a meniscectomy on 12/03/14. When requested, he was being seen for follow-up of knee pain. Pain was rated at 2/10. There was no physical examination reported. EMG/NCS testing was requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no neurological examination when requested that would support the need for obtaining left lower extremity EMG or NCS testing at this time. This request is not medically necessary.