

Case Number:	CM15-0177968		
Date Assigned:	09/18/2015	Date of Injury:	10/31/2011
Decision Date:	10/21/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old female with an industrial injury dated 10-31-2011. Medical record review indicates she is being treated for lumbar disc displacement, lumbar radiculopathy, reflex sympathetic dystrophy, right knee sprain-strain, and status post-surgery, left knee, injury to peroneal nerve, anxiety and depression. The progress note dated 07-27-2015 indicates the injured worker was complaining of increasing pain in the left leg with the leg being "numb, cold and painful." Other documented areas of pain were the right and left knee. She had completed 8 out of 8 physical therapy sessions for the right knee. The pain was described as "mild but constant." The documentation indicates the pain in the left knee was worsening and was described as pinching along the medial joint line and travels downward. Other documented complaints were pain in the left lower extremity. "She feels like the bone is burning and she has constant pain. Her daughter has said that leg turns different colors at times and it feels damp and hot to touch." She was off work. Physical exam findings are documented as decreased and painful range of motion of the lumbar spine with positive left sitting straight leg raise and pain with right sitting straight leg raise. Right knee findings are documented as ongoing pain over the medial joint line and posterior fossa with tenderness to palpation of anterior, medial and posterior knee. Left knee findings are documented as "gait has worsened since the last visit." "She is using a cane today." Other findings were the left leg was slightly more red in color than the right and ranges of motion were painful. "Tinel's over the peroneal nerve causes pain to the foot." The treating physician documents the following: "Left lower leg sensitive to light touch." "Skin is red-ish but not glossy today." "Normal hair pattern." "Negative Homans." "She is

limping to protect the left leg."Prior treatments included physical therapy, medication, Synvisc injection, chiropractic and activity modification. Prior surgery included arthroscopic partial lateral meniscectomy, anterior cruciate ligament shrinkage procedure left knee 04-05-2012, and revision arthroscopy arthroscopic partial lateral meniscectomy 12-11-2013. The treating physician documents the injured worker had seen pain management and had electromyography-nerve conduction studies scheduled for 08-05-2015. This request is for the ultrasound examination of the left common peroneal nerve. In the 06-15-2015 note by pain management the treating physician documents: "I am requesting electro diagnostic studies of the lower extremity with findings of common peroneal entrapment, ultrasound examination of the left common peroneal nerve with evidence of entrapment." "There is substantial weakness in the left foot dorsiflexion and neuropathic pain and symptomatic common peroneal entrapment."The treatment request is for ultrasound to left common peroneal nerve. On 08-10-2015, the request for ultrasound to left common peroneal nerve was found not medically necessary by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound to left common peroneal nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to date guidelines, peroneal nerve injury.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The up-to date guidelines on peroneal nerve injuries do not recommend ultrasound imaging in the diagnosis or treatment considerations of the disease states. The patient has left leg pain and left leg neuropathy symptoms. A requested EMG is pending. Therefore, the request is not medically necessary.