

<b>Case Number:</b>	CM15-0062686		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Texas, California  
 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 53 year old female, who sustained an industrial injury on 11/15/2010. The initial complaints or symptoms included left knee pain and swelling. The injured worker was diagnosed as having a left knee sprain. There was no history related to the right knee injury. It was noted that the injured worker had a previous industrial injury involving the right knee. Treatment to date has included conservative care, medications, x-rays, MRIs, CT scans, and conservative therapies. Currently, the injured worker presented for a follow-up evaluation of the right knee and reported that she continues to teach fitness classes. The injured worker notes that she continues to have difficulty with jumping jacks and running, squatting and kneeling, but can do lunges. She has no difficulty with stairs or limitations with sitting standing or walking. The diagnoses include internal derangement of the knee on the right, status post right meniscal repair, loose body resection and chondroplasty, and chronic pain syndrome. The treatment plan consisted of nerve conduction velocity (NCV) studies of the bilateral lower extremities, formal letter from the attorney of the coverage for the left knee under a different claim/injury, and re-rating to be done based on new MRI results. Per the doctor's note dated 2/24/15 patient had complaints of right knee pain with tingling. Physical examination of the knee revealed tenderness on palpation and normal ROM. Per the doctor's note dated 3/26/15 patient had complaints of left knee pain with tingling. Physical examination of the knee revealed tenderness on palpation and normal ROM. The patient has had MRI of the right knee on 8/11/14 that revealed grade IV chondromalacia changes along the lateral labial joint line. The patient's surgical history includes right knee surgery meniscectomy in 3/2011. The patient has had EMG/NCV study on 2/25/15

that was unremarkable. The patient was approved for NCV in 10/2014. The medication list includes Motrin. Patient has received an unspecified number of PT visits for this injury.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 NCV studies of the bilateral lower extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low - Back - Lumbar & Thoracic (Acute & Chronic), Nerve conduction studies (NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, Special studies and diagnostic and treatment consideration and Page 303-304, Special studies and diagnostic and treatment consideration.

**Decision rationale:** Request: 1 NCV studies of the bilateral lower extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." "Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." "Any recent detailed physical examination of the lower extremities was not specified in the records. Detailed history and duration of signs /symptoms of the tingling and numbness was not specified in the records provided. There was no objective evidence of significant radicular signs or symptoms in the bilateral lower and upper extremities that are specified in the records provided. The medical records provided did not specify any evidence of upper and lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the lower extremities. Patient has received an unspecified number of PT visits for this injury. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided.