

<b>Case Number:</b>	CM15-0067905		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: California, Hawaii

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 56 year old male, who sustained an industrial/work injury on 1/3/13. He reported initial complaints of left knee pain. The injured worker was diagnosed as having derangement of lateral meniscus, patellar tendonitis, and rupture of quadriceps tendon. Treatment to date has included medication, diagnostics, and surgery (left knee arthroscopy on 5/22/13). Currently, the injured worker complains of left knee pain along with low back pain and sciatica into the left lower extremity. Per the primary physician's progress report (PR-2) on 2/27/15, examination included improvement in the patellar tendon. There was non-tenderness in the quadriceps tendon or the medial tibial plateau. The main focus was tenderness in the medial condyle. The injured worker would like to attend pain management. The requested treatments include Nerve conduction Velocity studies (NCV) of bilateral extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Velocity studies (NCV) of bilateral 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Online, Cervical chapter: Nerve conduction studies (NCS)).

**Decision rationale:** The patient presents with pain affecting the neck and upper back, which radiates into bilateral shoulders as well as pain affecting the low back. The current request is for Nerve Conduction Velocity studies (NCV) of bilateral extremities. The report with this request was not provided for review. The treating physician documents that the patient is starting physical therapy and has decreased pain with the use of a TENS unit and medication. (11B) The ODG guidelines state, "Not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam." In this case, the treating physician has documented possible signs of radiculopathy in the upper extremities. However, this request appears to be for all four extremities and the lower back does not appear to have symptoms of radiculopathy. The current request is not medically necessary and the recommendation is for denial.