

Case Number:	CM15-0092385		
Date Assigned:	05/18/2015	Date of Injury:	07/16/2011
Decision Date:	06/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/13/2015

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

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 diagnoses include status post left knee arthroscopy, internal derangement of the left knee with meniscal tear, compensatory right knee pain, left sacroiliac joint dysfunction, lumbosacral sprain with radicular symptoms, and chronic low back pain. Treatments to date have included left knee arthroscopy with partial medial meniscectomy and chondroplasty on 07/28/2014; oral medications; x-rays of the left knee; physical therapy; and physiotherapy with chiropractic manipulations. The progress report dated 04/02/2015 indicates that the injured worker complained of ongoing pain in the left knee and difficulty kneeling due to the pain. He reported fatigue in both lower extremities. The injured worker also complained of ongoing low back pain, as well as numbness and tingling in the bilateral lower extremities. The objective findings include limited range of motion of the left knee. No other objective findings were indicated. The treating physician requested an EMG/NCV (electromyography/nerve conduction velocity) of the bilateral lower extremities to rule out ALS (amyotrophic lateral sclerosis) and to assess for possible neural impingement and six (6) physical therapy for the left knee to improve strength and functionality. It was noted that the injured worker shoulder continue with active physical therapy until maximum medical improvement has been reached with regard to strength, range of motion, and overall conditioning and flexibility.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV bilateral lower extremity: 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 Diagnosis of amyotrophic lateral sclerosis and other forms of motor neuron disease by Lauren Elman, MD, in UpToDate.com.

Decision rationale: This patient receives treatment for chronic bilateral knee pain, SI joint problems, and chronic low back pain. The patient has tingling and some numbness in both legs. This review addresses a request for electrophysiologic testing of both lower extremities - EMG/NCV. The documentation indicates that the treating physician states that a neurologist requested this test to look for the possibility of ALS. The neurologist's consultation was not provided for review. The symptoms of numbness and tingling do not fit the clinical features of ALS, which is a progressive upper motor neuron degenerative disease of unknown etiology. The documentation of the neurologic exam by the treating physician does not show evidence of radicular deficits, which might support electrophysiologic testing. Based on the documentation provided, the EMG/NCV is not medically necessary.