

Case Number:	CM15-0094224		
Date Assigned:	05/20/2015	Date of Injury:	10/15/2013
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/15/2015

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: Preventive Medicine, Occupational Medicine

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 32-year-old female who sustained an industrial injury on October 15, 2013. She has reported left ankle pain and left knee pain and has been diagnosed with left ankle strain and secondary patellofemoral pain. Treatment has included medications, medical imaging, physical therapy, and modified work duty. There was no left ankle swelling and legs were stable. There was medial ankle tenderness. There was decreased range of motion. Physical examination of the left knee revealed that the injured worker walker with a slight antalgic gait. Q-angle valgus was at 10 degrees bilaterally. There was lateral patellar facet and medial patellar facet palpable tenderness. X-rays of the left ankle were normal. The treatment request included an electro-myography/Nerve conduction velocity of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography/Nerve Conduction Velocity (EMG/NCV) - Bilateral Lower Extremities:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): Tables 12-8, 13-6, 14-6. Decision based on Non-MTUS Citation Official Disability Guidelines:

Low Back chapter (Lumbar & Thoracic) (Acute & Chronic) - EMGs (electromyography)/ NCS (nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms based on radiculopathy. The injured worker had an EMG/NCV study of the lower extremities done on April 13, 2015. The results were normal with no evidence of entrapment neuropathy or acute lumbar radiculopathy. The requesting physician does not provide explanation of why an additional EMG/NCV would be necessary for this injured worker. The request for Electromyography/Nerve Conduction Velocity (EMG/NCV) - Bilateral Lower Extremities is determined not to be medically necessary.