

<b>Case Number:</b>	CM13-0011991		
<b>Date Assigned:</b>	09/30/2013	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 64 YO, F with a date of injury on 8/25/2004. The patient's diagnoses include: bilateral knee chondromalacia/synovitis. The appeal letter dated 8/12/13 by [REDACTED] noted that the patient underwent left knee scope at one point, but her right knee has been treated conservatively since 2010. The patient has a long standing history of right knee pain and symptoms. The patient had a previous right knee MRI in 2010. She has had cortisone shots, lubrication shots and conservative measures. The patient would now like to have an updated MRI of the right knee to evaluate the current cartilage wear and synovitis. The progress report dated 7/18/13 by [REDACTED] noted that the patient was requesting EMG nerve conduction tests of the lower extremity, as she has low back pain and leg pain. The progress report dated 6/20/13 noted that recommendation was made for the patient to follow up with [REDACTED] regarding lumbar spine history, and she will be pending a lumbar spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 355.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee MRI

**Decision rationale:** The Physician Reviewer's decision rationale: The appeal letter dated 8/12/13 by [REDACTED] noted that the patient underwent left knee scope at one point, but her right knee has been treated conservatively since 2010. The patient has a history of long standing right knee pain and symptoms. The patient had a previous right knee MRI in 2010. She has had cortisone shots, lubrication shots and conservative measures. The patient would now like to have an updated MRI of the right knee to evaluate the current cartilage wear and synovitis. MTUS does not discuss criteria for recommending a knee MRI. ODG guidelines were reviewed that do not support the use of MRI for nontraumatic knee pain without nondiagnostic radiographs and without suspected internal derangement. The medical records do not appear to indicate that the patient has experienced a new injury or new examination finding to support a request for a new MRI. Recommendation is for denial.

**EMG Lower Extremity:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The Physician Reviewer's decision rationale: The progress report dated 7/18/13 by [REDACTED] noted that the patient was requesting EMG nerve conduction tests of the lower extremity, as she has low back pain and leg pain. The progress report dated 6/20/13 noted that recommendation was made for the patient to follow up with [REDACTED] regarding lumbar spine history, and she will be pending a lumbar spine MRI. ACOEM guidelines page 303 states, "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." The records appear to indicate that this patient has suffered from low back pain for greater than three or four weeks and there are no records of prior lower extremity EMG tests. Therefore, the requested lower extremity EMG study appears to be reasonable, and thus authorization is recommended.