

<b>Case Number:</b>	CM13-0030971		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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 Neurologist and is licensed to practice in Massachusetts, Ohio and Texas. 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 55-year-old female who reported injury on 07/16/2012, with a mechanism of injury that was not provided. The patient was noted to have right knee pain. It was noted the patient underwent manipulation of the right knee under anesthesia. The diagnoses was noted to include 715.96; osteoarthritis NOS Left leg. The request was made for an electromyography and nerve conduction velocity studies 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 and Nerve Conduction Velocity Studies of the Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Online Version

**Decision rationale:** ACOEM states that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. The clinical documentation submitted for review failed to

provide a physical examination with correlation myotomal or dermatomal findings to indicate the patient had focal neurologic dysfunction. This portion of the request would not be supported. Neither ACOEM nor California Chronic Pain Medical Treatment Guidelines address NCV for the lower extremities. Official Disability Guidelines state that nerve conduction studies are not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The clinical documentation submitted for review failed to provide the patient had symptomatology or clinical findings to support the request for a nerve conduction study. Given the above, the request for Electromyography and Nerve Conduction Velocity Studies of the Bilateral Lower Extremities is not medically necessary and appropriate.