

<b>Case Number:</b>	CM13-0047631		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	07/28/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 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/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 an employee of [REDACTED], and has submitted a claim for patellar tendinitis and tear of cartilage or meniscus of right knee associated with an industrial injury date of 07/28/2012. Treatment to date has included right knee arthroscopy, partial synovectomy of the patellar femoral joint, medial knee compartment, lateral compartment, condroflex of patella and medial/lateral femoral condyle on 01/18/2013, physical therapy, and medications. Utilization review from 10/24/2013 denied the request for electromyography/ nerve conduction velocity (EMG/NCV) study of right lower extremity because there were no signs of lower extremity neurological issues that would necessitate this procedure. Medical records from 2013 to 2014 were reviewed showing that patient has been complaining of residual knee pain with weakness after undergoing right knee arthroscopy on 01/18/2013. She had difficulty with her daily activities along with difficulty with prolonged periods of sitting, standing, walking, and stair climbing, as well as lifting, pushing, pulling, squatting, kneeling, and stooping. Physical examination revealed weakness of the quadriceps, psoas and abductors at the right. Range of motion of right knee was 0 to 135 degrees. There was no significant swelling, gross laxity to bear. Drawer stress test was negative. MRI of right knee, dated 08/31/2012, showed bone contusion lateral tibial plateau, sprain at the medial collateral ligament. Horizontal cleavage tear, anterior horn of lateral meniscus.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTROMYOGRAM (EMG) OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Electrodiagnostic testing ((EMG) Electromyography/NCS).

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

**Decision rationale:** According to page 303 of the ACOEM, Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, an appeal letter written on 10/26/2013 stated that patient needed to undergo EMG/NCV of right lower extremity to rule out peripheral nerve entrapment because the patient was still experiencing right lower extremity pain even if she is status post right knee arthroscopy. However, the clinical documentation submitted for review indicates the employee by physical examination, had no deficits in neurologic examination (i.e., deep tendon reflex, and sensory exam). Furthermore, the patient was not complaining of paresthesia or any radicular type of pain that would corroborate the need for this diagnostic test. Therefore, the request for electromyography (EMG) of the right lower extremity is not medically necessary.

**NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE RIGHT LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Electrodiagnostic testing ((EMG) Electromyography/NCS)

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

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) was used instead. The Official Disability Guidelines state that the conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. In this case, an appeal letter written on 10/26/2013 stated that patient needed to undergo EMG/NCV of right lower extremity to rule out peripheral nerve entrapment because the patient was still experiencing right lower extremity pain even if she is status post right knee arthroscopy. However, there were no medical records for review to verify whether the employee has findings in the lower extremity which would meet the guideline criteria of NCS of the lower extremity (i.e. complaints of paresthesia or radicular pain, and neurologic examination findings). Therefore, the request for nerve conduction velocity (NCV) study of the right lower extremity is not medically necessary.

