

Case Number:	CM13-0071965		
Date Assigned:	01/08/2014	Date of Injury:	05/24/2007
Decision Date:	10/10/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 Physical Medicine & Rehabilitation 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 records presented for review indicate that this 63-year-old female was reportedly injured on May 24, 2007. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated December 13, 2013, indicates that there are ongoing complaints of the right knee pain and right shoulder pain. The physical examination demonstrated tenderness at the distal third of the right tibia and tenderness at the mid-distal third junction consistent with a stress fracture. Diagnostic nerve conduction studies revealed a bilateral lower extremity polyneuropathy. Previous treatment includes right knee surgery and the use of a leg brace. A request had been made for EMG and NCV studies of the bilateral lower extremities and was not certified in the pre-authorization process on December 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in

patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of any abnormal neurological findings on physical examination, this request for EMG studies of the bilateral lower extremities is not medically necessary.

NCV of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing lower extremity symptoms. Given the lack of any abnormal neurological findings on physical examination, this request for NCV studies of the bilateral lower extremities is not medically necessary.