

Case Number:	CM14-0003303		
Date Assigned:	01/31/2014	Date of Injury:	01/17/2012
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational Medicine 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 rule out anterior cruciate ligament tear, status post right knee history of surgery associated with an industrial injury date of January 17, 2012. Treatment to date has included NSAIDs, opioids, analgesic creams, home exercise programs, physical therapy, chiropractic sessions, right knee surgery (2/22/13). Medical records from 2013 to 2014 were reviewed. The patient complained of intermittent right knee pain with radiation of pain, burning sensation, and numbness. Physical examination of the right knee showed tenderness and restricted ROM.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAM (EMG) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: According to the MTUS/ACOEM Low Back Guidelines. electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do

not recommend EMG before conservative treatment. In this case, the reason for requesting EMG of the left lower extremity was not provided. Recent progress notes do not mention any subjective complaints or objective findings pertaining to the left lower extremity. Medical necessity of this request was not established. Therefore, the request for EMG of the left lower extremity is not medically necessary and appropriate.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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.

Decision rationale: The California MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to the ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, progress notes from December 5, 2013 to January 30, 2014 reported pain, burning, and numbness on the right knee which may indicate possible nerve entrapment. However, there is no comprehensive neurologic exam available. Patient's symptoms may indicate radiculopathy, however, its presence without confirmation of EMG results is not warranted for NCV. Therefore, the request for NCV of the right lower extremity is not medically necessary and appropriate.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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.

Decision rationale: The California MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG and obvious clinical signs. In this case, the reason for requesting NCV of the left lower extremity was not provided. Recent progress notes do not mention any subjective complaints or objective findings pertaining

to the left lower extremity. Medical necessity of this request was not established. Therefore, the request for NCV of the left lower extremity is not medically necessary and appropriate.

ELECTROMYOGRAM (EMG) OF THE RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: According to the MTUS/ACOEM Low Back Guidelines, electromyography (EMG) of the lower extremities is indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. Moreover, guidelines do not recommend EMG before conservative treatment. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Progress notes from January 30, 2014 reported pain, burning, and numbness on the right knee which may indicate possible nerve entrapment. MRI from January 2, 2014 showed L3-4 right neural foraminal narrowing secondary to a posterior disc bulge and right exiting nerve root compromise. Patient has focal neurologic deficit and an anatomic evidence of nerve root compromise as evidenced by the MRI result. EMG provides physiologic evidence of nerve entrapment. Therefore, the request for EMG of the right lower extremity is medically necessary and appropriate.