

Case Number:	CM14-0005442		
Date Assigned:	02/05/2014	Date of Injury:	09/18/2009
Decision Date:	07/02/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/13/2014

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 a 34-year-old who has submitted a claim for lumbar myofascial sprain/strain, lumbar facet osteoarthropathy, grade 3 right patellar chondromalacia, and status post right knee arthroscopy associated with an industrial injury date of September 18, 2009. Medical records from 2013 were reviewed. The patient complained of pain, weakness, and numbness of the right lower extremity and left knee compensatory pain. Physical examination showed lumbar paraspinal muscle spasm, diffuse tenderness over the left knee, and ROM (range of motion) from 0 to 90 degrees on the right knee. Electrodiagnostic studies from June 25, 2013 showed normal results. Treatment to date has included activity modification, stretching, heat application, NSAIDs (non-steroidal anti-inflammatory drugs), opioids, muscle relaxants, TENS (transcutaneous electrical nerve stimulation), home exercise programs, physical therapy, and right knee arthroscopy (August 5, 2013). Utilization review from January 13, 2014 denied the request for EMG (electromyogram)/NCV (nerve conduction velocity) of bilateral lower extremities due to identified knee pathology without objective findings for sensory or motor deficits that would suggest neuropathic involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG BILATERAL LOWER EXTREMITIES QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice 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 and arthroscopy. Progress notes from December 23, 2013 reported pain, weakness, and numbness of the right lower extremity and left knee compensatory pain. The patient has radicular symptoms on the right lower extremity; however, physical examination is not suggestive of nerve entrapment. MRI of the lumbar spine done June 30, 2013 showed no evidence of canal stenosis or neural foraminal narrowing at any level. In addition, EMG/NCV done last June 25, 2013 showed normal results. Recent progress notes showed no significant changes and no progression of the patient's symptoms. Furthermore, there is insufficient clinical information regarding the patient's left lower extremity to warrant an EMG. The request for an EMG of the bilateral lower extremities, quantity of two, is not medically necessary or appropriate.

NCV BILATERAL LOWER EXTREMITIES, MOTOR QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 CA 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 (nerve conduction study) of the lower extremities are not recommended if radiculopathy has already been clearly identified by EMG (electromyography) and obvious clinical signs. In this case, the patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Progress notes from December 23, 2013 reported pain, weakness, and numbness of the right lower extremity and left knee compensatory pain. However, there is no comprehensive neurologic examination available. In addition, EMG/NCV done last June 25, 2013 showed normal results. Furthermore, there is insufficient clinical information regarding the patient's left lower extremity to warrant NCV. Therefore, the request for NCV bilateral lower extremities, motor, quantity of two, is not medically necessary or appropriate.

NCV BILATERAL LOWER EXTREMITIES, SENSORY QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 CA MTUS does not specifically address nerve conduction studies (NCS). According to 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 patient presented with symptoms of possible radiculopathy, which persisted despite physical therapy. Progress notes from December 23, 2013 reported pain, weakness, and numbness of the right lower extremity and left knee compensatory pain. However, there is no comprehensive neurologic examination available. In addition, EMG (electromyography)/NCV (nerve conduction velocity) done last June 25, 2013 showed normal results. Furthermore, there is insufficient clinical information regarding the patient's left lower extremity to warrant NCV. Therefore, the request for NCV bilateral lower extremities, sensory, quantity of two, is not medically necessary or appropriate.