

<b>Case Number:</b>	CM14-0006392		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 56-year-old male who reported an injury on 12/03/2012. The mechanism of injury was not provided. The clinical note dated 12/19/2013 reported the injured worker complained of stiffness, grinding, and pain in his right knee. The physical examination of the right knee revealed a normal gait, no swelling, no ecchymosis, no observable spasms, and no obvious malalignment. The range of motion of the right knee was 180 degrees extension, 135 degrees flexion. There was no evidence of quadriceps atrophy and motor strength was 5/5. The distal sensation of the right knee was normal and the patellar and Achilles reflex 2+. The quadriceps mechanism was intact with the ability to use straight leg raise against resistance. There was positive patellofemoral crepitation, positive grind test and pain with deep squat. It was noted that the injured worker's right knee has reached a plateau and he was considered permanent and stationary. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ELECTROMYOGRAPHY (EMG), BILATERAL UPPER AND LOWER EXTREMITIES:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

**Decision rationale:** The injured worker has a history of right knee pain. The ACOEM Guidelines state electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms, or neck or arm symptoms, lasting more than 3 to 4 weeks. The Official Disability state that EMG (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The clinical information provided for review lacked a complete assessment of the upper and lower extremities indicating the injured worker has any signs or symptoms of neurological deficit to demonstrate the need for an electromyography. Therefore, the request for the electromyography EMG bilateral upper and lower extremities is not medically necessary.