

<b>Case Number:</b>	CM14-0008609		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 & Rehabilitation 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 with a reported injury on 12/02/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 11/22/2013 reported that the injured worker complained of persistent pain of the neck, low back and bilateral knees that were aggravated with usual activities. The physical examination of the injured worker's cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. Axial loading compression test and Spurling's maneuver were both positive. The range of motion to the injured worker's cervical spine was restricted due to pain. The examination of the injured worker's lumbar spine revealed tenderness from the mid to distal segments, seated nerve root test was positive. It was reported that dysesthesia was at the L5 and S1 dermatomes. The examination noted the injured worker's bilateral knees revealed tenderness to the left knee joint line. The injured worker's diagnoses included cervical discopathy; lumbar discopathy; carpal tunnel/double crush syndrome; internal derangement of bilateral knees. The injured worker's prescribed medication regimen was not provided within the clinical documentation. The provider requested a magnetic resonance imaging (MRI) to the left knee and electromyography (EMG) study to bilateral upper and lower extremities, the rationale was not provided within the clinical documentation. The request for authorization was submitted on 01/22/2014. The injured worker's prior treatments were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LEFT KNEE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, MRI's (magnetic resonance imaging).

**Decision rationale:** The injured worker complained of neck, low back, and bilateral knee pain. The treating physician's rationale for the MRI of the left knee was not provided within the clinical documentation. The California MTUS ACOEM guidelines do not recommend MRI studies for ligament collateral tears. The guidelines do recommend MRI study to determine extent of ACL tear preoperatively. The Official Disability Guidelines state soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. The rationale for the MRI of the knee was not provided. There is a lack of clinical evidence indicating the injured worker has a soft tissue injury indicative for an MRI. There is a lack of objective findings or physiological evidence indicating specific injury per neurological examination to warrant imaging. Therefore, the request is not medically necessary.

**EMG OF THE BILATERAL UPPER EXTREMITIES (BUE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 238.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 258-262.

**Decision rationale:** The injured worker complained of neck, low back, and bilateral knee pain. The treating physician's rationale for an EMG study of the bilateral upper extremities was not provided within the clinical documentation. The California MTUS ACOEM guidelines state that appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, an EMG may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. The guidelines also state that EMG, and nerve conduction velocities, including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The treating physician's rationale was not provided within the clinical notes. There is a lack of clinical information indicating the injured worker complained of radicular pain for more than 3 weeks. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercise, and/or oral medication therapy. Given the information provided, there is insufficient evidence to determine appropriateness of EMG to the upper extremities to warrant medical necessity; as such, the request is not medically necessary.

**EMG OF THE BILATERAL LOWER EXTREMITIES (BLE): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, EMGs (electromyography).

**Decision rationale:** The injured worker complained of neck, low back, and bilateral knee pain. The treating physician's rationale was not provided within the clinical notes. The California MTUS ACOEM guidelines recommend the detection of physiologic abnormalities; if there is no improvement after 1 month; consider needle EMG and H-reflex tests to clarify nerve root dysfunction. The guidelines do not recommend an EMG for clinically obvious radiculopathy. The Official Disability Guidelines state EMGs 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 treating physician's rationale was not provided within the clinical notes. It is noted that the injured worker had a positive seated nerve root test with dysesthesia at the L5 and S1 dermatomes. Therefore, the request is not medically necessary.