

Case Number:	CM14-0131637		
Date Assigned:	09/29/2014	Date of Injury:	03/01/2004
Decision Date:	11/05/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This is a 56-year-old male with a 3/1/04 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/4/14, the patient complained of pain radiating deep into the left knee with associated instability, which was partially controlled with the use of the bracing. He rated the severity of the pain as 3-6/10 associated with locking, clicking, and giving out. He stated that there was occasional tingling and numbness of the left knee and frequently at the top of the left foot. The provider noted that the knee symptoms persist and are complicated by the problem with the peroneal nerve. This may be a result of the posterior lateral instability of the knee causing pressure on the nerve. The provider is requesting an EMG/NCS of the left lower extremity to ascertain the origin of the patient's symptoms before considering any further treatment for the left knee. Objective findings: left patella demonstrates a slight restriction of its medial and lateral excursion, peroneal nerve Tinel's testing, at the posterolateral aspect of the knee, extending down to the fibular head, demonstrates increased paresthesias in the dorsal aspect of the foot, sensation to light touch decreased from the ankle distally on the right. Diagnostic impression: discogenic disease of cervical region, other affections of shoulder region, lesion of ulnar nerve, carpal tunnel syndrome. Treatment to date: medication management, activity modification. A UR decision dated 8/14/14 denied the requests for 1 EMG/NCS of left upper extremity and 1 EMG/NCS of left lower extremity. Regarding EMG/NCS of left upper extremity, since radiculopathy is suspected from diagnosis of cervical disc disease, and neuropathic symptoms were diagnosed, the requested electrodiagnostic study does not appear appropriate. Regarding EMG/NCS of left lower extremity, since the patient's symptoms were of suspected radiculopathy, the requested electrodiagnostic testing does not appear appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EMG/NCS of left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, Chronic Pain Treatment Guidelines Elbow Disorders. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) criteria for Electromyogram (EMG) and Nerve Conduction Studies (NCV) of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, in this present case, it is noted that the patient had an EMG in 2013 showing carpal tunnel findings on the left. The presence of radiculopathy appears well established at this point. There were no subjective complaints of cervical pain or radiating pain. It is unclear from the discussions in the documentation how an EMG/NCS would clarify the picture and prove valuable in treatment decision-making. In addition, there is no documentation of failure of conservative therapy. Therefore, the request for 1 EMG/NCS of left upper extremity was not medically necessary.

1 EMG/NCS of left lower extremity: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter EMG/NCV

Decision rationale: This method of testing is used to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Official Disability Guidelines (ODG) states that electromyogram (EMGs) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, Nerve Conduction Velocity (NCV) studies are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in this present case, the patient has complaints of pain radiating into the left knee and occasional tingling and numbness of the left knee and frequently at the top of the left foot. In addition, objective findings included increased paresthesias in the dorsal aspect of the foot and decreased sensation to light touch from the ankle distally on the right. The presence of radiculopathy appears well established at this point. In

addition, there is no documentation that the patient has failed a 1-month course of conservative therapy. Therefore, the request for 1 EMG/NCS of left lower extremity was not medically necessary.