

Case Number:	CM14-0160848		
Date Assigned:	10/06/2014	Date of Injury:	05/01/2010
Decision Date:	11/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/30/2014

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 Family Practice 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 51-year-old male claimant sustained a work injury on May 1, 2010 involving left lower extremity and back. An MRI of the left knee in 2011 showed no ligament tear. He was additionally diagnosed with multilevel lumbar degenerative disc disease. He had an EMG of both lower extremities in 2011, showed severe axonal polyneuropathy and left meralgia paresthetica. Progress note in February 2014 indicated the claimant had persistent left knee pain. There was tenderness to palpation on the lateral aspect of the left patella. There was crepitus with range of motion. A subsequent request was made later this year for bilateral lower extremity EMG studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guideline, an EMG study is not recommended for clinically obvious neuropathy. It is recommended to clarify nerve root dysfunction. In this case,

the claimant had a prior EMG and there were no new injuries or findings indicating need for an EMG that would affect the treatment course. The request for bilateral EMG of the lower extremities is not medically necessary.