

<b>Case Number:</b>	CM14-0163376		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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:

63 yr. old female claimant sustained a work injury on 8/17/12 involving the low back and both knees. She was diagnosed with left knee meniscal tear and underwent a menisectomy. In addition, she had lumbar strain and a right knee strain. A progress note on 8/26/14 indicated the claimant had continued right knee pain and was awaiting a nerve conduction and EMG of the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Right Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) EMGs (electromyography)

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

**Decision rationale:** According to the ACOEM guidelines, an EMG is not recommended for clinically obvious radiculopathy. It is recommended to clarify nerve root dysfunction. In this case, the exam findings did not indicate the level of neurological concern, weakness or

abnormality that would require an EMG. As a result the request for an EMG of the right leg is not medically necessary.

**NCV Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Lumbar pain

**Decision rationale:** According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the exam findings did not indicate the level of neurological concern, weakness or abnormality that would require an NCV. As a result the request for an NCV of the right leg is not medically necessary.

**NCV Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) Nerve conduction studies (NCS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Lumbar pain

**Decision rationale:** According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the exam findings did not indicate the level of neurological concern, weakness or abnormality that would require an NCV. As a result the request for an NCV of the left leg is not medically necessary.

**EMG Left Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Low Back (updated 08/22/14) EMGs (electromyography)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Lumbar pain

**Decision rationale:** According to the guidelines, there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, the exam findings did not indicate the level of neurological concern, weakness or abnormality that would require an NCV. As a result the request for an NCV of the left leg is not medically necessary.