

Case Number:	CM14-0047807		
Date Assigned:	06/25/2014	Date of Injury:	02/02/2005
Decision Date:	07/28/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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:

The 70 year old female claimant sustained a work related injury on 2/2/05 involving the low back, knees and shoulders. She was lifting a 13 year old child who did not cooperate and started kicking her knees. She had x-rays at the time of injury and was given medications and therapy. She returned to work that same year. She had a right knee arthroplasty in Aug 2005 and a left knee arthroplasty in 2009. On 3/2/14, the treating physician noted that the claimant had continued pain in the knees that worsened with walking or standing. However, she was ambulatory. She was not taking any analgesics. Examination findings were notable for reduced flexion in both knees. The swelling or erythema was noted. Her muscle strength was 4/5 in the lower extremities. The surgical scars were well healed. The physician ordered EMG studies of the legs to evaluate ongoing pain and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG to bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: According to the ACOEM guidelines, all electrical studies are not recommended for knee injury diagnoses. Therefore the EMG is not medically necessary.