

<b>Case Number:</b>	CM14-0061546		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 65-year-old male with a 5-9-2007 date of injury. A specific mechanism of injury was not described. 4/18/14 determination was non-certified given electrical studies are not recommended in the treatment of knee disorders. 5/7/14 left knee MRI report revealed that compared to the prior exam of 8/18/19, again is noted an abnormal signal involving the posterior horn of the medial meniscus, extending to the articular surface. If the patient had prior meniscal surgery, the findings may be related to postsurgical changes. If there is no history of meniscal surgery, the findings are related to a small meniscal tear. The appearance had not significantly changed compared to the prior exam. Again noted post-surgical changes of the patellar tendon and patella but there is interval development of trabecular bone edema involving the inferior portion of the patella and patellar attachment of the patellar tendon with overall continuous intact patellar tendon. The findings may be related to either degenerative changes or interval trauma with tendinosis. There is also interval worsening of the patellar cartilaginous thinning. Again noted is patella alta. 3/18/14 orthopedic report revealed continued complaints and tenderness in the knees with quadriceps insufficiency. A request was made for a knee MRI and EMG and nerve studies. There was also a request for a functional capacity evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nerve Conduction Study for 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): 303, 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. However, electrodiagnostic studies are not recommended in the treatment of knee disorders. In this case, it appeared that the requested studies were directly related to diagnosis/treatment of a knee disorder. The patient had knee pain, tenderness, and quadriceps insufficiency on exam. There was no indication of suspicion for a nerve dysfunction or an indication of what would be the expected outcome from the requested studies. There was also no rationale identifying how the requested study would impact the patient's treatment plan. The medical necessity was not substantiated.

**Electromyography for 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): 303, 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG states that electrodiagnostic studies are recommended (needle, not surface). EMGs (electromyography) 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 (Bigos, 1999) (Ortiz-Corredor, 2003). Nerve conduction studies (NCS) are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) (ODG, Low Back Chapter).

**Decision rationale:** CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. However, electrodiagnostic studies are not recommended in the treatment of knee disorders. In this case, it appeared that the requested studies were directly related to diagnosis/treatment of a knee disorder. The patient had knee pain, tenderness, and quadriceps insufficiency on exam. There was no indication of suspicion for a nerve dysfunction or an indication of what would be the expected outcome from the requested studies. There was also no rationale identifying how the requested study would impact the patient's treatment plan. The medical necessity was not substantiated.