

<b>Case Number:</b>	CM14-0065300		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/05/2001
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 70 year old male who was injured at work on 12/05/2001. He had a posterior dislocation of his left hip, about a month after left femur and thigh revision of metal-on-metal hip for metallosis on 03/ 4/2013. Since then, he has been complaining of pain in his groin, left hip and thigh. The pain is burning in quality. He has difficulty wearing his underwear and entering his car due to left hip shortening. He has also lost his balance and fallen on several occasions. Examination revealed diminished sensation in the thigh, left leg shortening and atrophy relative to the right leg. Electrodiagnostic study done on 05/ 23/ 2014 revealed normal left femoral nerve, developing distal polyneuropathy, borderline axonopathy of left gastrocnemius, and possibility of recurrent S1 radiculopathy. X-ray left hip done on 07/ 03/ 2013 revealed total hip arthroplasty, which is unchanged from similar X-ray left hip done on 04/ 30/ 2013. He is on treatment with Lorsatan, Simvastatin, Cinnamon, Aspirin and Omeprazole In dispute is the request for EMG nerve conduction study (r) lower extremity due to Bilateral leg pain, left more than the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG NERVE CONDUCTION STUDY (R) LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011), Hip and Groin Disorders, Online Edition, [http://apgi.acoem.org/Browser/ViewRecommendation.aspx?rcm=1740&text=for EMG Nerve Conduction Study \(R\) Lower Extremity](http://apgi.acoem.org/Browser/ViewRecommendation.aspx?rcm=1740&text=for EMG Nerve Conduction Study (R) Lower Extremity).

**Decision rationale:** The ACOEM guidelines recommend Electrodiagnostic studies for diagnosis of subacute or chronic peripheral nerve entrapments of the thigh; however, the documents reviewed did not provide specific information regarding the right lower extremities that will necessitate Electromyography studies. Therefore, the request is not medically necessary.