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| <b>Case Number:</b>   | CM14-0069338 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 10/22/2013 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 05/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/14/2014 |

### 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 Occupational Medicine 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 patient is a 32-year-old female who has submitted a claim for Sprain of lateral collateral ligament of knee associated with an industrial injury date of October 22, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right knee pain and numbness. Examination of the right knee showed swelling, decreased ROM (Range of Motion), and tenderness in the anterior, medial and lateral aspects. There was also decreased sensation and muscle strength in the right leg. Treatment to date has included right knee arthroscopy (2/20/14) and medications. Utilization review from May 5, 2014 denied the request of EMG (Electromyography) of the bilateral lower extremities and NCV (Nerve Conduction Velocity) of the bilateral lower extremities because of lack of a proper neurological examination.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (Electromyography) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Electrodiagnostic testing.

**Decision rationale:** According to page 303 of CA MTUS ACOEM Low Back Chapter, the guidelines support the use of electromyography (EMG) to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. According to the ODG, electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). In this case, the patient complained of right knee pain and numbness. Physical examination findings revealed decreased sensation and muscle strength in the right leg, both of which were not quantified. Clinical manifestations were not consistent with focal neurologic dysfunction to support EMG study. Moreover, the neurologic examination of the patient was incomplete and the left lower extremity was also not examined. It is unclear why EMG of the contralateral leg should likewise be performed. Therefore, the request for EMG (Electromyography) of the bilateral lower extremities is not medically necessary and appropriate.

**NCV (Nerve Conduction Velocity) of the bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG), Low Back chapter, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence: Nerve Conduction Studies in Polyneuropathy: Practical Physiology and Patterns of Abnormality, Acta Neurol Belg 2006 Jun; 106 (2): 73-81.

**Decision rationale:** The CA MTUS does not address NCS specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back Chapter, Nerve Conduction Studies (NCS) was used instead. The Official Disability Guidelines state that there is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. A published study entitled, "Nerve Conduction Studies in Polyneuropathy", cited that NCS is an essential part of the work-up of peripheral neuropathies. Many neuropathic syndromes can be suspected on clinical grounds, but optimal use of nerve conduction study techniques allows diagnostic classification and is therefore crucial to understanding and separation of neuropathies. In this case, the patient complained of right knee pain and numbness. Physical examination findings revealed decreased sensation and muscle strength in the right leg, both of which were not quantified. The patient presented with symptoms of neuropathy to support NCS study. However, the neurologic examination of the patient was incomplete and the left lower extremity was also not examined. It is unclear why NCV of the contralateral leg should likewise be performed. Therefore, the request for NCV (Nerve Conduction Velocity) of the bilateral lower extremities is not medically necessary and appropriate.

