

Case Number:	CM14-0074694		
Date Assigned:	07/16/2014	Date of Injury:	08/13/2013
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54-year old male with a work injury dated 8/13/13. The injury occurred when the patient was leaving a conference room, as he walked out he slipped on a rug that was placed over a wet soapy floor which slipped out of underneath him. The diagnoses include myofascitis, radiculopathy and left knee sprain/strain. Under consideration is a request for an EMG (Electromyogram) and nerve conduction study of the left lower extremity. There is a primary treating physician (PR-2) document dated 4/18/14 where the patient complains of constant moderate to severe pain in the left knee referring down the leg. On exam there is tenderness to palpation at the subpatella, lateral joint line, and peroneal muscle down to the ankle. Positive Apleys distraction and Appley's compression pain in all planes. The range of motion was 110 degrees of flexion in the left knee and 0 degrees of extension. The deep tendon reflexes at the patellar and Achilles are 2+ and symmetrical bilaterally. Sensation to pinprick and light touch in the lower extremities is intact. The pulses are intact. The treatment plan included a request for an EMG and nerve conduction study of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) of the Left Lower Extremity as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Low back- Nerve conduction studies (NCS) and Electrodiagnostic studies (EDS).

Decision rationale: The ODG states that EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG also states that Electrodiagnostic studies (EDS) should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy). The documentation reveals no evidence of radiculopathy, plexopathy, peripheral polyneuropathy or entrapment/compression neuropathy to warrant nerve conduction velocity testing or EMG (electromyography) in this patient. Therefore the request for electromyography (EMG) of the Left Lower Extremity as an Outpatient is not medically necessary.

Nerve Conduction Velocity (NCV) of the Left Lower Extremity as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) Low back- Nerve conduction studies (NCS) and Electrodiagnostic studies (EDS).

Decision rationale: The ACOEM MTUS guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The ODG states that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The ODG also states that Electrodiagnostic studies (EDS) should be medically indicated (i.e., to rule out radiculopathy, lumbar plexopathy, peripheral neuropathy). The documentation reveals no evidence of radiculopathy, plexopathy, peripheral polyneuropathy or entrapment/compression neuropathy to warrant nerve conduction velocity testing or EMG (electromyography) in this patient. Therefore the request for nerve Conduction Velocity (NCV) of the Left Lower Extremity as an Outpatient is not medically necessary.