

<b>Case Number:</b>	CM14-0081141		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Preventive 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 38 year old female who is said to have suddenly fallen at work on 12/16/2013 and injured her right knee. She is reported to have said her right knee dislocated but she popped it back. At the time she was evaluated by an orthopedist, there was no deformity, but the right knee was noted to be swollen especially medially. The orthopedist could not test for range of motion due to pain, but there was significant tenderness in the medial prepatellar region. By the return visit on 02/27/14, she continued to complain of pain in her right knee. At that time the pain was 6/10. The examination noted she was walking with a cane; there was negative Lachman's sign, negative posterior drawer and pivot signs. The neurological examination was normal. She was diagnosed of right knee patellofemoral dislocation, and right knee pain. She was transitioned to light duty, and a referral was made for physical therapy. A right knee MRI of 1/10/2014 is reported to have revealed bone marrow edema lateral condyle and inferior medial patella suggestive of previous patella dislocation with bone marrow contusion. The menisci were normal, and the patella was normally situated. The treating physician later made a diagnosis of Lumbar strain and radiculopathy; bilateral knee strain. At dispute is the Electromyography/Nerve Conduction Study, Bilateral Lower Extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Study, Bilateral Lower Extremities: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 335-336; 343.

**Decision rationale:** The prescriber of this test did not provide a rationale for the test. There is nowhere in the records reviewed that either the treating physician or the orthopedist reported of radicular features. The records reported there was no numbness or tingling. The neurological examination was reported normal. Also, the treating physician did not bring up the case of Lumbar sprain with radiculopathy until more than four months into the treatment. Furthermore, the injured knee was the right knee; there was no mention of the left knee. Therefore it is difficult to associate the subsequent diagnosis with the Right knee dislocation and right knee pain. Nerve studies have no place in the management of knee injuries as can be seen in the tables in pages 333-336, and 343 of the MTUS. Therefore this request is not medically necessary.