

Case Number:	CM14-0083532		
Date Assigned:	06/06/2014	Date of Injury:	01/06/2014
Decision Date:	07/16/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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 Internal 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 sustained a worker's comp injury on 1/6/14 and was noted initially to have pain with weight bearing and to have locking symptoms on his right lower extremity. On 3/4/14 he was noted to have right calf pain and a venous duplex was negative for DVT. An orthopedic evaluation on 3/12/14 noted pain in the right groin and right gluteal area suggesting hip pain and lumbar referred pain. It is noted that MRI was negative but a subsequent CT scan was positive for acetabular fracture of the right hip with a 2 mm separation noted. Lastly an Ortho evaluation on 5/9/14 noted lumbar tenderness and pain along the SI joint and right sciatica to the greater trochanter. Diagnosis was acetabular fracture and right hip contusion and lumbosacral sprain and rule out herniated disc with possible RLE radiculopathy. The patient was also noted to have a pulled groin muscle. The above exams stated that neurological exam was normal. The 5/9/14 examiner requested to have EMG studies done of both lower extremities. In fact, in none of these exams was there any mention of any motor or sensory deficit and the neurological exam was noted to be normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LOWER EXTREMITY EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 294, 303-304.

Decision rationale: Insert Rationale EMG studies are indicated to identify nerve dysfunction and may be beneficial to identify subtle neurological abnormalities, or dysfunction associated with the lumbar spine. After 3 to 4 weeks of conservative treatment, it is noted to have 3+ sensitivity for lumbar disc protrusion. However, this patient had no signs of any neurological involvement in all his exams and did not give any symptoms attributable to lumbar nerve root dysfunction. He had pain locally over the lumbar spine which may have radiated to the right hip. However, there was no radiation below the hip. An L1 nerve root problem would cause weakness in hip flexion or sensory changes of the upper anterior thigh, to the groin. An L2 root problem would give weakness of the hip flexors and abductors and knee extension with sensory changes to the mid-thigh. In none of the medical evaluations were there any signs of such a problem. There was mention of tenderness of the SI joint to palpation but there was no evidence of sciatica radiculopathy indicated in the examinations. In conclusion, EMG tests are designed to diagnosis nerve root dysfunction but there was no evidence of such a problem in the medical exams and therefore this test is not deemed to be medically indicated.