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| <b>Case Number:</b>   | CM14-0209141 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 11/12/2013 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 12/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/15/2014 |

### 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:

This individual is a 55 y/o male who developed lower extremity and low back problems after a trip and fall on 11/12/13. He has been diagnosed with osteoarthritis affecting his hips and knees. He has had a left hip arthroplasty. He has persistent low back pain with radiation of pain into the left leg, but no objective neurological deficits are reported. There is scant documentation of a reasonable level of neurological exams of the lower extremities. A prior lumbar MRI revealed multilevel spondylosis with several levels of potential foramina compromise, but clinical correlation is lacking. There is no evidence of discussions with an employer regarding a possible return to work at a specific task.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient electromyography (EMG) to the bilateral lower extremity:** Upheld

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

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

**Decision rationale:** MTUS Guidelines supports EMG studies if there is subtle focal neurological dysfunction. No focal neurological dysfunction is reported. There are complaints of pain in the

left leg, but electrodiagnostic testing cannot measure pain. Without clinical documented neurological dysfunction the request for EMG studies of the lower extremities is not consistent with Guidelines and is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG - Fitness for Duty, Functional Capacity Evaluations. Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd ed. Chapter 7, Independent Medical Evaluations pages(s) 137, 138.

**Decision rationale:** MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.