

<b>Case Number:</b>	CM15-0132969		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	06/19/2015
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 sustained an industrial injury on 6-19-15. Diagnoses are left knee sprain-strain; rule out internal derangement, left ankle sprain-strain; rule out internal derangement, lumbar spine sprain-strain, and secondary sleep deprivation. In an initial comprehensive medical evaluation and report dated 6-24-15, the physician notes the injured worker was operating a machine when a forklift pushed pallets into her crushing her left leg between the pallets and the machine. She was examined and x-rays were done. Treatment was Ibuprofen, a left ankle and knee brace and crutches. Approximately 4 hours following the injury, she began experiencing low back pain and had x-rays of the lumbar spine done. She worked 2 hours on 6-22-15, but could not tolerate the pain. Current complaints are of constant right knee numbness-which is reducing with time, increased right knee pain and inability to bear weight, constant left ankle pain and inability to bear weight, constant low back pain that increases with prolonged sitting and due to awkward gait, difficulty sleeping due to pain and states she needs medication to sleep. A thoracolumbar spine exam notes paravertebral spasm on the right and left, painful lumbar range motion, straight leg raise test is positive on the right and left. Kemp's test is positive on the right and left. Sensory is decreased on the left anterior thigh. Knee range of motion in degrees is flexion 140 and extension 180 on the right and flexion 40 and extension 160 on the left. There is tenderness of the left knee at the medial lateral joint line, superior and inferior aspect of the patella. Anterior and posterior drawer, varus test and valgus test are positive on the left knee. The left ankle is positive for the inversion stress test and anterior and posterior drawer test. The treatment plan is chiropractic treatment, xrays and internal medicine evaluation. Work status is she is temporarily totally disabled from work until 8-20-15. The requested treatment is electromyography-nerve conduction study for the bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCS bilateral lower extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Neurology.

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

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), "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." EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. "When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study  
Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). There is no clear documentation of peripheral nerve or root damage in this case. There is no documentation of the outcome of conservative therapies. The request for EMG was within short time after the injury Although it may give information about the patient's baseline, it cannot give an answer to the damage caused by the injury unless done after at least 3 to 4 weeks after the acute injury. Therefore, the request for EMG/NCV study of the bilateral lower extremities is not medically necessary.