

<b>Case Number:</b>	CM15-0163203		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60-year-old male, who sustained an industrial injury on 3-1-08. He reported pain in the low back and right lower limb. The injured worker was diagnosed as having lumbar musculoligamentous sprain or strain with lumbar disc disease, post right fourth toe amputation, status post right total knee replacement with subsequent development of infection, and history of right foot plantar ulcer with surgical debridement. Treatment to date has included multiple right knee surgeries, right foot surgery, physical therapy, and medication. Physical examination findings on 6-23-15 included decreased lumbar range of motion, decreased bilateral knee ranges of motion, and a positive McMurray's sign on the left. Currently, the injured worker complains of right anterior knee pain. Tenderness was noted at the lumbar, sacral, right sacroiliac, left sacroiliac, left buttock, right buttock, left posterior leg, right posterior leg, left anterior knee, and left anterior elbow. The treating physician requested authorization for an electromyogram and nerve conduction velocity of the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 EMG/ NCV of right lower extremity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 - Lumbar & Thoracic chapter, under EMGs (electromyography) Low back chapter under Nerve conduction studies (NCS).

**Decision rationale:** ODG Guidelines, Low Back - Lumbar & Thoracic chapter, under EMGs (electromyography) states the following: Recommended as an option (needle, not surface). 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. ODG Guidelines, low back chapter under Nerve conduction studies (NCS), states that NCV studies are "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." ACOEM, chapter 12, page 303, Low Back Complaints states that EMG is supported by ACOEM for low back pain. NCV is not supported unless the patient has peripheral symptoms with suspicion for peripheral neuropathy. The treater is requesting that the patient be seen by a specialist to assess the infection and possible knee replacement revision due to the infection. The RFA requests EMG/NCV of the right leg "to determine if patient is a reasonable sx candidate." Per report 06/23/15, the patient presents with right anterior knee pain. The patient states that his pain is present 100% of the time. There is severe pitting edema with palpable warmth of the right knee and right leg. The ankle shows discoloration. Physical examination findings on 6-23-15 included decreased lumbar range of motion, decreased bilateral knee ranges of motion, and a positive McMurray's sign on the left. Currently, the injured worker complains of right anterior knee pain. Tenderness was noted at the lumbar, sacral, right sacroiliac, left sacroiliac, left buttock, right buttock, left posterior leg, right posterior leg, left anterior knee, and left anterior elbow. Provided medical records do not indicate that the patient had a postoperative EMG/NCV of the right lower extremity. EMG/NCV at this stage may help with accurate diagnoses. Therefore, the request IS medically necessary.