

<b>Case Number:</b>	CM15-0200348		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 56 year old female, who sustained an industrial injury on 7-1-14. She reported left knee pain. The injured worker was diagnosed as having status post left knee arthroscopy with residual arthritis of the knee and persistent pain, stiffness, and weakness. Treatment to date has included physical therapy, electrical stimulation, left knee surgery on 6-20-15, and medication including Norco. Physical examination findings on 9-2-15 included left knee swelling and antalgic gait. Strength was noted to be 4 of 5 in the quadriceps and 5 of 5 in the hamstrings. A neurovascular exam was noted to be normal. On 9-2-15, the injured worker complained of left knee pain. The treating physician requested authorization for electromyography of the right lower extremity and left lower extremity. On 9-30-15 the request was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, and Knee Complaints 2004, Section(s): Special Studies, and Ankle and Foot Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

**Decision rationale:** ACOEM recommends "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." ODG further states that EMG is "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." The treating physician does not document evidence of radiculopathy, muscle atrophy or abnormal neurologic findings to warrant an EMG at this time. As such, the request for EMG right lower extremity is not medically necessary.

**EMG left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, and Knee Complaints 2004, Section(s): Special Studies, and Ankle and Foot Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic), EMG, NCV.

**Decision rationale:** ACOEM recommends "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." ODG further states that EMG is "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." The treating physician does not document evidence of radiculopathy, muscle atrophy or abnormal neurologic findings to warrant an EMG at this time. As such, the request for EMG right lower extremity is not medically necessary.