

<b>Case Number:</b>	CM15-0216550		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	03/15/2015
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 74 year old female who sustained an industrial injury on 03-15-2015. Medical records indicated the worker was treated for pain in the left knee, bilateral ankle and feet. In the provider notes of 09-24-2015, the injured worker complains of dull and achy left knee pain-weakness rated a 5 on a scale of 01-10, right ankle and foot pain that was sharp with numbness at the foot and toes that was rated a 5 on a scale of 0-10, and a sharp, burning left ankle-foot pain and stiffness rated a 6 on a scale of 0-10 with stiffness, numbness and tingling of the left foot and toes. Examination of the left knee found motor strength of 4 on a scale of 5 for the left hamstring, with decreased and painful ranges of motion of 120 degrees of flexion and 0 degrees of extension. There was tenderness to palpation of the anterior, lateral, medial, and posterior knee. McMurray's test caused pain. Right ankle examination noted decreased range of motion in all planes and tenderness to palpation of the anterior, dorsal and lateral ankle with spasm of the calf. The left ankle examination also demonstrated decreased and painful range of motion and decreased sensation to the lateral aspect of the bilateral ankle-foot and big toes. There was tenderness to palpation at the anterior ankle, anterior talofibular ligament, dorsal ankle, and lateral ankle. Muscle spasm of the calf, and a positive anterior drawer test were noted. The treatment plan included six sessions of physical therapy and electromyogram-nerve conduction studies of the bilateral lower extremities. The treatment plan was for six sessions of physical therapy, and a nerve conduction velocity-electromyogram of the bilateral lower extremities. A MD consult for medications is scheduled for 10-14-2015, and x-rays of the left ankle and bilateral ankle-foot are scheduled on 10-02-2015. A request for authorization was

submitted for EMG (Electromyography)- NCS (Nerve Conduction Study) of bilateral lower extremities. A utilization review decision 10-12-2015 non-certified the requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**EMG (Electromyography)/ NCS (Nerve Conduction Study) of bilateral lower extremities:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

**Decision rationale:** Guidelines recommend EMG to help identify subtle focal neurologic dysfunction in patients with back and leg pain lasting more than 3-4 weeks. In this case, there is no clear failure of conservative care and the pathology and treatment plan that would benefit from an EMG/NCS of the bilateral lower extremities were not specified. The request for NCV/EMG Lower Extremities is not medically appropriate and necessary.