

Case Number:	CM15-0030909		
Date Assigned:	02/24/2015	Date of Injury:	11/27/2013
Decision Date:	04/09/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/18/2015

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:

This 52 year old female sustained an industrial injury on 11/27/13. She subsequently reports ongoing left knee pain. The injured worker has undergone left knee surgery. Treatments to date have included injections, physical therapy and prescription pain medications. On 2/4/15, Utilization Review non-certified requests for Electromyogram (EMG) of the right lower extremity, EMG of the left lower extremity, Nerve Conduction Velocity (NCV) of the right lower extremity and NCV of the left lower extremity. The Electromyogram (EMG) of the right lower extremity, EMG of the left lower extremity, Nerve Conduction Velocity (NCV) of the right lower extremity and NCV of the left lower extremity requests were denied based on MTUS ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with ongoing left knee pain rated 4-5/10, which is exacerbated by prolonged standing. Patient notes that the pain is radiating over the anterior lateral portion of the left leg and into the dorsal foot, and that she experiences occasional weakness and instability to the affected extremity. The patient's date of injury is 11/27/13. Patient is status post unspecified left knee surgery in January 2014. The request is for ELECTROMYEOGRAM (EMG) OF THE RIGHT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 01/15/15 reveals tenderness to palpation lateral portions of the left knee, slightly reduced range of motion, and decreased sensation to the anterior lower leg. The patient is currently prescribed Tramadol and Flurbiprofen/Lidocaine cream. Diagnostic imaging was not included. Patient is currently working. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regards to the request for an EMG study to be performed on the right lower extremity, the treater has not provided a reason for the request. This patient does not present with complaints to the right lower extremity. While EMG may be appropriate for symptomatic LEFT leg, the requested right leg EMG is not. There is no concern for radiculopathy when no radicular or radiating symptoms are present. Therefore, this request IS NOT medically necessary.

EMG of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The patient presents with ongoing left knee pain rated 4-5/10, which is exacerbated by prolonged standing. Patient notes that the pain is radiating over the anterior lateral portion of the left leg and into the dorsal foot, and that she experiences occasional weakness and instability to the affected extremity. The patient's date of injury is 11/27/13. Patient is status post unspecified left knee surgery in January 2014. The request is for EMG OF THE LEFT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 01/15/15 reveals tenderness to palpation lateral portions of the left knee, slightly reduced range of motion, and decreased sensation to the anterior lower leg. The patient is currently prescribed Tramadol and Flurbiprofen/Lidocaine cream. Diagnostic imaging was not included. Patient is currently working. ACOEM Practice Guidelines, 2nd Edition 2004, Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies - EDS - may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies - NCS-, or in more difficult cases, electromyography -EMG- may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." In regards

to the request for an EMG study to be performed on the left lower extremity, the request appears reasonable. Progress note dated 01/15/15 documents that this patient has radiating pain and sensation disturbances of the left lower extremity. Records indicate that the patient has not had an EMG of this limb performed to date. Therefore, this request IS medically necessary.

Nerve Conduction Velocity (NCV) of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Nerve conduction studies.

Decision rationale: The patient presents with ongoing left knee pain rated 4-5/10, which is exacerbated by prolonged standing. Patient notes that the pain is radiating over the anterior lateral portion of the left leg and into the dorsal foot, and that she experiences occasional weakness and instability to the affected extremity. The patient's date of injury is 11/27/13. Patient is status post unspecified left knee surgery in January 2014. The request is for Rationale: NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 01/15/15 reveals tenderness to palpation lateral portions of the left knee, slightly reduced range of motion, and decreased sensation to the anterior lower leg. The patient is currently prescribed Tramadol and Flurbiprofen/Lidocaine cream. Diagnostic imaging was not included. Patient is currently working. ODG Low Back Chapter, under Nerve conduction studies states: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." In regards to the request for an NCV study to be performed on the right lower extremity, the treater has not provided a reason for the request and NCV studies are not supported unless peripheral neuropathy is suspected. This patient does not present with complaints to the right lower extremity. Progress note dated 01/15/15 documents that this patient has radiating pain and sensation disturbances of the left lower extremity. Therefore, this request IS NOT medically necessary.

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Nerve conduction studies.

Decision rationale: The patient presents with ongoing left knee pain rated 4-5/10, which is exacerbated by prolonged standing. Patient notes that the pain is radiating over the anterior lateral portion of the left leg and into the dorsal foot, and that she experiences occasional weakness and instability to the affected extremity. The patient's date of injury is 11/27/13. Patient is status post unspecified left knee surgery in January 2014. The request is for NCV OF THE LEFT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 01/15/15 reveals tenderness to palpation lateral portions of the left knee, slightly reduced range of motion, and decreased sensation to the anterior lower leg. The patient is currently prescribed Tramadol and Flurbiprofen/Lidocaine cream. Diagnostic imaging was not included. Patient is currently working. ODG Low Back Chapter, under Nerve conduction studies states: "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS." In regards to the request for an NCV study to be performed on the left lower extremity, NCV studies are not supported unless peripheral neuropathy is suspected. Progress note dated 01/15/15 documents that this patient has radiating pain and sensation disturbances of the left lower extremity, however NCV studies are not considered appropriate per ODG if radiculopathy is presumed. Therefore, this request IS NOT medically necessary.