

<b>Case Number:</b>	CM15-0033157		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 58 year old male, who sustained an industrial injury on July 8, 2014. He has reported left knee pain resulting from work as a construction worker, with subsequent left septic knee condition, with removal of the entire knee implant from a previous knee surgery. The diagnoses have included status post left total knee arthroplasty with subsequent knee infection and incision and drainage with removal of tibial tray. Treatment to date has included home care, IV antibiotic therapy with a central line catheter, physical therapy, and medications. Currently, the injured worker complains of left knee pain. The Primary Treating Physician's report dated December 18, 2014, noted the injured worker had undergone a total knee arthroplasty in August 2011, revision procedure in March 2012, revision procedure in July 24, 2013, removal of total knee arthroplasty in October 2013, left total knee arthroplasty on July 14, 2014, with subsequent left knee infection and removal of tibial tray on October 24, 2014. Left knee examination was noted to show the injured worker immobilized in a knee immobilizer, with some heat, warmth, and swelling noted, crepitus with painful range of motion (ROM) noted, and no signs of gross infection noted. On January 21, 2015, Utilization Review non-certified (electromyography) EMG/NCV (nerve conduction velocity) bilateral lower extremities, noting that the need was not demonstrated absent the documentation of a detailed neurological examination. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of (electromyography) EMG/NCV (nerve conduction velocity) bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral lower extremities:** Upheld

**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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction 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. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal objective findings that specify nerve compromise specific nerve compromise on the neurologic examination or sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. In this case, the injured worker's working diagnoses are status post left total knee arthroplasty with subsequent knee infection, incision and drainage with removal of tibial tray. The injured worker underwent multiple surgeries on the affected knee. The progress note dated December 18, 2014 does not contain any subjective complaints comparable with radiculopathy. Objectively, there is no neurologic evaluation in the physical examination portion of the note. There is no objective evidence of radiculopathy. The guidelines state unequivocal objective findings that specify specific nerve compromise on the neurologic examination is sufficient evidence to warrant diagnostic testing. There are no unequivocal objective findings. Consequently, absent clinical documentation with subjective and objective signs and symptoms of radiculopathy, bilateral lower extremity EMG/NCV is not medically necessary.