

<b>Case Number:</b>	CM15-0245232		
<b>Date Assigned:</b>	12/24/2015	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	12/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2015

### 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: 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 49 year old male, who sustained an industrial injury on 6-17-2008. The injured worker was being treated for left knee primary osteoarthritis and pain. The injured worker (7-27-2015) reports ongoing postoperative pain of the left knee. The treating physician notes the injured worker's weight bearing status is full without an assistive device. The physical exam (7-27-2015) reveals grossly and neurovascularly intact motor and sensory exams. The treating physician notes the wound is healing well and the incisions are clean, dry, and intact. The treating physician notes range of motion of 0-95, tenderness lateral and suprapatellar tendons, and active firing of the extensor hallucis longus, flexor hallucis longus, anterior tibialis, gastro-soleus, and peroneals. The treating physician notes intact sensation of the medial, lateral, dorsal, plantar, and first dorsal webspace of the foot. The injured worker (9-3-2015) reports ongoing postoperative pain of the left knee. The treating physician notes the injured worker's weight bearing status is partial with use of a cane. The physical exam (9-3-2015) reveals grossly and neurovascularly intact motor and sensory exams. The treating physician notes the wound is healing well and the incisions are clean, dry, and intact. The treating physician notes tenderness of the iliotibial band and suprapatellar pouch and positive arthrofibrosis. The injured worker (11-24-2015) reports ongoing postoperative pain of the left knee. The physical exam (11-24-2015) reveals left quadriceps tenderness and limited left knee range of motion due to pain. The treating physician notes active firing of the extensor hallucis longus, flexor hallucis longus, anterior tibialis, gastro-soleus, and peroneals. The treating physician notes intact sensation of the medial, lateral, dorsal, plantar, and first dorsal webspace of the foot. Per the treating physician (11-24-

2015 report), x-rays of the left knee (3-12-2015) show intact hardware without fracture. Surgeries to date have included a left knee arthroscopic lysis of adhesions, debridement, and manipulation under anesthesia on 6-5-2015 and left total knee arthroplasty. Treatment has included physical therapy, a home exercise program, partial weight bearing, a cane, off work, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (11-24-2015 report), the injured worker has not returned to work. The requested treatments included an electromyography and nerve conduction study of the left lower extremity. On 12-3-2015, the original utilization review non-certified a request for an electromyography and nerve conduction study of the left lower extremity.

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

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

**NCS of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

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

**Decision rationale:** The requested NCS of the left lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has ongoing postoperative pain of the left knee. The physical exam (11-24-2015) reveals left quadriceps tenderness and limited left knee range of motion due to pain. The treating physician notes active firing of the extensor hallucis longus, flexor hallucis longus, anterior tibialis, gastro-soleus, and peroneals. The treating physician notes intact sensation of the medial, lateral, dorsal, plantar, and first dorsal webspace of the foot. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, NCS of the left lower extremity is not medically necessary.

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

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

**Decision rationale:** The requested EMG of the left lower extremity is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition,

(2004), Chapter 12, Low Back Complaints, page 303, Special Studies and Diagnostic and Treatment Considerations, note: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker has ongoing postoperative pain of the left knee. The physical exam (11-24-2015) reveals left quadriceps tenderness and limited left knee range of motion due to pain. The treating physician notes active firing of the extensor hallucis longus, flexor hallucis longus, anterior tibialis, gastro-soleus, and peroneals. The treating physician notes intact sensation of the medial, lateral, dorsal, plantar, and first dorsal webspace of the foot. The treating physician has not documented physical exam findings indicative of nerve compromise such as a positive straight leg raising test or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, EMG of the left lower extremity is not medically necessary.