

<b>Case Number:</b>	CM14-0160239		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/07/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65 year old male who reported an injury on 06/07/2013. The mechanism of injury was not provided. Diagnoses included common peroneal neuritis of the right leg. Past treatments included 6 sessions of physical therapy. Pertinent diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note dated 07/17/2014 indicated the injured worker complained of continued pain in the right leg. He rated the pain 4/10 at rest, and 7/10 with activity. The physical exam revealed 1+ edema in the right lower extremity, decreased pinprick sensation in the lateral aspect of the right leg, and moderate tenderness of the common peroneal nerve with positive Tinel's that radiated down to the right ankle. Current medications were not provided. The treatment plan included EMG of the right lower extremity. The rationale for the treatment plan was to assess for compression neuropathy of the common peroneal nerve. The Request for Authorization was completed on 07/17/2014.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel, EMG (electromyography).

**Decision rationale:** The request for EMG right lower extremity is not medically necessary. The Official Disability Guidelines indicate that EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. The clinical note dated 07/17/2014 indicated the injured worker complained of continued pain in the right leg. The physical exam revealed 1+ edema in the right lower extremity, decreased pinprick sensation in the lateral aspect of the right leg, and moderate tenderness of the common peroneal nerve with positive Tinel's that radiated down to the right ankle. The injured worker previously completed physical therapy, but there is a lack of documentation of current conservative treatments, including medications. Additionally, there is a lack of documentation of a prior NCS of the right lower extremity. The guidelines indicate that EMG is only indicated when diagnosis is difficult with NCS. Therefore the treatment plan cannot be supported at this time, and the request for EMG right lower extremity is not medically necessary.