MAXIMUS Federal Services

| Case Number: | CM14-0184347 | | |
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| Date Assigned: | 11/12/2014 | Date of Injury: | 02/11/2013 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

## 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 38-year-old woman who sustained a work-related injury on February 11, 2013. Subsequently, the patient developed chronic knee and leg pain. The patient underwent right knee arthroscopy on October 19, 2013 and had a right hip fracture on January 1, 2014. The patient had completed 3 Supartz injections to the right knee with noted benefit. Physical therapy was prescribed for 12 sessions and provided temporary relief in pain. According to the progress note of September 16, 2014, the patient continued to experience intermittent pain in the right knee, with no radiation of pain. numbness and tingling in the right knee/leg were reported. Giving-way of the right knee was reported. The pain was rated as a 4-7/10. On examination of the lower extremities, the patient had very localized swelling involving medial and lateral patellofemoral joint lines. She had moderate patellofemoral crepitus, increased with vertical compression. She had moderate medial joint line tenderness, increased with flexion beyond 90 degrees. She had markedly positive McMurray. She had no instability with varus or valgus knee pain. She had numbness distribution in the superficial and deep peroneal nerve along the posterolateral aspect of the calf, radiating distally over the entire lateral aspect of the middle distal third and dorsal aspect of the foot and involving both superficial and deep peroneal nerves. Her motor was reasonably intact with good resistance to dorsiflexion, inversion, and eversion of the heel. She had some slight weakness to resistance to extension and flexion of the knee. The provider requested authorization for EMG nerve conduction studies of both lower extremities and NCV bilateral lower extremities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), <Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). The patient developed knee pain without clinical evidence and physical examination supporting the diagnosis of radiculopathy. There is no clear documentation of focal radicular damage in lower extremities. Therefore, the request for EMG of bilateral lower extremities is not medically necessary.

**NCV bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** According to MTUS guidelines (MTUS page 303 from ACOEM guidelines), <Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks>. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. << When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three

or four weeks>> (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179).The patient developed chronic knee pain without clinical evidence and physical examination supporting the diagnosis of radiculopathy or nerve damage. There is no clear documentation of peripheral nerve damage in lower extremities. Therefore, the request for Nerve Conduction Velocity Studies of the Lower Extremities is not medically necessary.