

<b>Case Number:</b>	CM14-0089180		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 42 year old male who had a work related injury on 01/20/14. He twisted his right knee and felt immediate pain when he was pushing a liquor cart and lost control trying to straighten it out from toppling over. Magnetic resonance image of right knee on 02/03/14 revealed cruciate and collateral ligaments intact. No lateral meniscal tear. There is linear horizontal intermediate signal in the posterior body of the medial meniscus without definite extension to the articular surface. No displaced meniscal flap or parameniscal cyst. Patellofemoral compartment was normal alignment and cartilage fraying in the median edge of the patella. X-rays of right knee dated 01/27/14 no joint effusion noticed or detected. No acute fracture or dislocation was identified. There is preservation of the tricompartment of the knee. Physical examination on 05/02/14 there was some swelling and weakness and buckling when he walked. There was numbness and tingling affecting lateral aspect of right knee as well as swelling of right knee mostly in medial compartment. Range of motion was normal, tenderness to palpation in medial aspect of right knee. Sensation decreased in right knee to light touch globally, and decreased strength. There is a positive McMurray and Apley test. Diagnoses include right knee pain, internal derangement of the right knee, likely medial meniscal tear, and myofascial pain syndrome. Utilization Review on 06/02/14 non-certified the request for an electromyogram/nerve conduction study. Menthoderm Gel and Naprosyn were certified. Omeprazole was certified because the doctor stated he experienced gastroesophageal reflux when taking Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NVC of bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The clinical documentation submitted for review does not support the request. There is no clinical evidence showing that the injured worker has any upper extremity symptoms. Therefore, the request for Nerve Conduction Velocity Test (NCV) of Bilateral Upper Extremities is not medically necessary.

**EMG bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The request for electromyogram bilateral upper extremities is not medically necessary. The clinical documentation submitted for review does not support the request. There is no clinical evidence showing that the injured worker has any upper extremity symptoms. Therefore, the request for Electromyography (EMG) of Bilateral Upper Extremities is not medically necessary.