

<b>Case Number:</b>	CM14-0099012		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with an injury date of 04/04/2013. Based on the 05/29/2014 progress report, the patient complains of intermittent moderate left ankle pain with swelling in the left foot. The patient claims that his big toes do not have full range of motion. The patient also continues to have intermittent moderate pain in the bilateral knees, bilateral shoulders, low back, and left hip. Examination of the right shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus. There is tenderness extending to the pectoralis and a restricted range of motion due to complaints of discomfort and pain. There is also weakness in the rotator cuff. Upon examination of the lumbosacral spine, it was found that there is an increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch. There are also muscle spasms. The left knee reveals lateral subluxation of the patella with crepitus, there is guarding upon examination, and the patient ambulates with an antalgic gait, guarding the right knee. There are weak quadriceps noted as well. Examination of the left ankle reveals mild tenderness noted on the medial/lateral joint line. The patient's diagnoses include the following: right shoulder rotator cuff tendinitis/bursitis, left knee sprain/strain, status post left Achilles tendon repair, debridement, and tendon transfer, lumbar sprain/strain secondary to above and gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography of right low extremity as outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** Based on the 05/29/2014 progress report, the patient presents with pain in his left ankle, bilateral knees, bilateral shoulders, lower back, and left hip. The request is for an electromyography of the right lower extremity as an outpatient "to assess his neurological complaints." There is no indication if the patient previously had any EMG studies. ACOEM Guidelines page 303 states, "electromyography including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with lower back symptoms lasting more than 3 to 4 weeks". In this case, an EMG may help uncover focal neurologic deficit. Recommendation is for authorization.

**Nerve Conduction Velocity of right low extremity as an outpatient:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding NCV studies: Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. (Al Nezari, 2013) See also the Carpal Tunnel Syndrome Chapter for more details on NCS. Studies have not shown portable nerve conduction devices to be effective. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious.

**Decision rationale:** Based on the 05/29/2014 progress report, the patient presents with pain in his left ankle, bilateral knees, bilateral shoulders, lower back, and left hip. The request is for an NCV of the right lower extremity as an outpatient. There is no indication if the patient had any previous NCV studies conducted. The MTUS and ACOEM Guidelines do not discuss NCV. However, ODG Guidelines have the following regarding NCV studies; not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrates the neurological testing procedures to have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. Given this patient knee, ankle and leg symptoms, NCV studies may be helpful to uncover any peripheral neuropathy. As such, the request is medically necessary.

