

<b>Case Number:</b>	CM14-0153855		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	05/22/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2014

### 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. 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 46-year-old male who sustained an industrial injury on 5/22/07. Injury was reported due to kneeling with work duties. He underwent right knee arthroscopy with excision of lateral plica and scar tissue in the lateral anterior aspect on 2/20/08. The 9/6/13 right lower extremity nerve conduction study was reported within normal limits with no evidence to suggest entrapment neuropathy or a generalized polyneuropathy. The 5/5/14 medical legal report cited continued right knee pain extending throughout the entire leg, and lower back pain, mostly right sided. Lumbar spine exam documented some central and right paraspinal tenderness, right leg hypesthesia, normal range of motion, normal motor strength and deep tendon reflexes, and ability to heel/toe walk. Right knee exam documented well-healed incisions, no effusion, some residual right thigh atrophy, and slightly antalgic gait. The injured worker was cautious/apprehensive with knee motion, and had 1+ patellofemoral crepitus. There was no evidence of reflex sympathetic dystrophy or neurologic/sensory deficit. A lumbar MRI was recommended to rule-out radiculopathy. The 6/11/14 lumbar spine MRI documented desiccation of all lumbar discs. There was a small annular tear at L5/S1, with no evidence of disc herniation. There was a minimal disc bulge and annular tear at L4/5 with no evidence of spinal stenosis. The 7/7/14 medical legal addendum report documented review of the lumbar MRI and stated that there was some degenerative disc disease and associated annular tears but no evidence of disc herniation or spinal stenosis. The knee complaints were opined as unrelated to his lumbar spine. An 8/13/14 request for authorization of right lower extremity EMG was submitted. The 8/20/14 utilization review non-certified the request for a right lower extremity EMG as the patient had a

previous electro diagnostic study that was negative and had undergone a lumbar spine MRI. The 8/30/14 treating physician appeal letter stated that the patient had a normal right lower extremity nerve conduction study but an EMG had been denied. He reported that the AME noted muscle wasting and recommended a lumbar MRI, which had been denied. The injured worker underwent knee arthroscopy in 2008 that was complicated by post-operative infection. He was treated with antibiotics and improved. He had persistent pain, swelling, and a reported sensory deficit with tingling of the right lower leg. The treating physician recommended that either a lumbar spine MRI or EMG be performed at least to rule-out non-industrial cause for his symptoms.

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

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

#### **EMG of the Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Electro diagnostic Testing (EMG/NCS).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 303-305; 343, 347.

**Decision rationale:** The California MTUS guidelines state that electrical studies are contraindicated for nearly all knee injury diagnoses. MTUS guidelines state that EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 to 4 weeks. EMG is recommended when imaging is equivocal and there are on-going pain complaints that raise questions about whether there may be a neurologic compromise. Guideline criteria have not been met. This patient underwent a lumbar spine MRI on 6/11/14 that showed no evidence of neurologic compromise. There is no documentation of focal neurologic dysfunction or equivocal imaging to support the medical necessity of EMG. Therefore, this request is not medically necessary.