

<b>Case Number:</b>	CM15-0010536		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/05/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old injured female worker suffered an industrial injury on 7/5/2014. The diagnosis was right ankle sprain. The diagnostics was right ankle magnetic resonance imaging. The treatments were physical therapy, steroid injections and medications. The treating provider reported 5 to 6/10 pain to the ankle with burning and throbbing along with tenderness and chronic ligament laxity. The pain radiates to the right calf and right knee. The Utilization Review Determination on 1/8/2015 non-certified bilateral extremity electromyography, citing CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG bilateral extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 303, 366-367.

**Decision rationale:** This patient presents with right ankle pain, radiating to the right knee/calf. The treater has asked for EMG BILATERAL EXTREMITY on 12/12/14 . The treater states: the podiatrist that was treating her before she came to my office has ordered an EMG of the lower extremities and I agree with that per 12/12/14 report. The review of the records did not show prior EMG/NCV studies. Regarding electrodiagnostic studies of lower extremities, ACOEM supports EMG and H-reflex to address potential focal neurologic issues with low back pain. In this case, the treater has asked for an EMG which is reasonable considering persistent pain in the right ankle shooting up to the right knee. However, the request is for bilateral lower extremities, and there is no documentation of left lower extremity pain. There is no explanation of why a bilateral lower extremities EMG would be necessary when the patient only has right extremity pain. The request IS NOT medically necessary.