

Case Number:	CM15-0111930		
Date Assigned:	06/18/2015	Date of Injury:	07/02/2014
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old male injured worker suffered an industrial injury on 07/02/2014. The diagnoses included cervical spine strain, right wrist/hand strain and left knee surgery. The injured worker had been treated with left knee arthroscopy and physical therapy. On 5/12/2015 the treating provider reported pain in the neck, right hand and left knee. There was decreased sensation in the left lower extremity. The treatment plan included EMG (lower extremities).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (lower extremities): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), EMGs (electromyography).

Decision rationale: The claimant sustained a work-related injury in July 2014 and underwent left knee arthroscopic surgery for a meniscal tear. When seen, he was having ongoing pain.

There was decreased left lower extremity sensation affecting the mid-anterior thigh, mid-lateral calf, and lateral ankle. EMG (electromyography) is recommended as an option to obtain unequivocal evidence of radiculopathy. In this case, the claimant has decreased left lower extremity sensation affecting the L4 and L5 nerve root levels. However, there is no reported motor deficit. Electromyography would not be the appropriate test to evaluate the claimant's sensory deficits. Additionally, there would be no reason to test the uninvolved right lower extremity. The request is not medically necessary.