

<b>Case Number:</b>	CM15-0172539		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/08/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 36 year old male who sustained an industrial injury on 04-08-12. A review of the medical records indicates the injured worker is undergoing treatment for muscle spasms, shoulder sprain and strain of the rotator cuff, glenoid labrum lesion, shoulder arthralgia, shoulder impingement-bursitis, cubital tunnel syndrome, as well as foot sprain and strain. Medical records (07-27-15) reveal "his right shoulder is getting better, but when he internally rotates his shoulder, the top part of his shoulder hurts." He also reports right elbow pain rated at 6/10, as well as left foot and right knee pain. The physical exam (07-27-15) reveals the right shoulder is "slightly improved". Decreased range of motion is documented in the back. Treatment has included physical therapy, aquatic therapy, and medications including Tylenol #4 and Norco. The treating provider indicates that electrodiagnostic and nerve conduction studies of the bilateral lower extremities were performed on 07-21-15. The original utilization review (08-08-15) non certified electrodiagnostic and nerve conduction studies of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography (EMG) of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious". Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has mild pain in a L5/S1 distribution on physical exam. Prior bilateral EMG/NCV were performed in July of 2015. The clinical records indicate that this patient is clinically improving with conservative therapy. The reason for why a repeat EMG has been requested is not clearly documented. In the setting of clinical improvement, EMG studies for screening are not indicated. Therefore, based on the submitted medical documentation, the request for EMG testing of the left lower extremity is not medically necessary.

**Nerve Conduction Study (NCS) of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of lower extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma". This patient has mild pain in a L5/S1 distribution on physical exam. Prior bilateral EMG/NCV testing was performed in July of 2015. The clinical records indicate that this patient is clinically improving with conservative therapy. The reason for why a repeat NCV has been requested is not clearly documented. In the setting of clinical improvement, NCV studies for screening are not indicated. Likewise, per ODG, NCV is not indicated for the bilateral lower extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. Therefore, based on the submitted medical documentation, the request for right lower extremity nerve conduction studies is not medically necessary.

**NCS of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of lower extremity nerve conduction testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of nerve conduction studies. The Occupational Disability Guidelines (ODG) states that NCV for the lower extremities and back are "not recommended" with EMG suggested as a more appropriate study. In the upper extremity, ODG states that Nerve Conduction Studies are: "Recommended as an option after closed fractures of distal radius & ulna if necessary to assess nerve injury. Also recommended for diagnosis and prognosis of traumatic nerve lesions or other nerve trauma". This patient has mild pain in a L5/S1 distribution on physical exam. Prior bilateral EMG/NCV testing was performed in July of 2015. The clinical records indicate that this patient is clinically improving with conservative therapy. The reason for why a repeat NCV has been requested is not clearly documented. In the setting of clinical improvement, NCV studies for screening are not indicated. Likewise, per ODG, NCV is not indicated for the bilateral lower extremities based on this patient's known and established diagnosis. Furthermore, the patient has no documented signs of clinical fracture or traumatic nerve injury. Therefore, based on the submitted medical documentation, the request for left lower extremity nerve conduction studies is not medically necessary.

**EMG of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, EMG/NCS.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of EMG testing for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of EMG testing. The Occupational Disability Guidelines (ODG) states that "EMG is not recommended if radiculopathy is already clinically obvious". Additionally, the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) recommends EMG testing only for medical indicated conditions; not for screening. EMG is further recommended after conservative therapy measures have failed. This patient has mild pain in a L5/S1 distribution on physical exam. Prior bilateral EMG/NCV were performed in July of 2015. The clinical records indicate that this patient is clinically improving with conservative therapy. The reason for why a repeat EMG has been requested is not clearly documented. In the setting of clinical improvement, EMG studies for screening are not indicated. Therefore, based on the submitted medical documentation, the request for EMG testing of the right lower extremity is not medically necessary.