

Case Number:	CM15-0027306		
Date Assigned:	02/19/2015	Date of Injury:	06/11/2014
Decision Date:	07/10/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 11, 2014. In a Utilization Review report dated February 4, 2015, the claims administrator failed to approve a request for EMG testing of bilateral lower extremities. The claims administrator referenced progress notes of January 27, 2015 and February 2, 2015 in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of left knee, left leg, and low back pain. The applicant had undergone earlier knee arthroscopy, it was suggested. The applicant was diabetic, it was incidentally noted. The applicant was using tramadol, metformin, Zocor, Zestril, Norvasc, hydrochlorothiazide, and Prilosec, it was reported. The applicant was severely obese, with a BMI of 36. Physical therapy was endorsed. There was not mention made of electrodiagnostic testing on this occasion. The claims administrator's medical evidence log suggested that the most recent note on file was in fact dated January 27, 2015; thus, the progress note of February 2, 2015 made available to the claims administrator was not seemingly incorporated into the IMR packet. In a medical-legal evaluation dated November 1, 2014, the medical-legal evaluator gave the applicant diagnoses of multifactorial knee pain, knee arthritis, ACL tear, meniscal derangement, lumbar degenerative disk disease, lumbar facet arthropathy, left-sided piriformis syndrome, and left lower extremity atrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral LE EMG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Chronic Pain Treatment Guidelines Electromyography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 347; 309; 272.

Decision rationale: No, the request for EMG testing of bilateral lower extremities was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator here, per the documentation of file, was the left knee. However, the MTUS Guideline in ACOEM Chapter 13, table 13-6, page 347 notes that electrical studies are "not recommended" and contraindicated for nearly all knee injury diagnoses. While the MTUS Guideline in ACOEM Chapter 12, table 12-8, page 309 does acknowledge that EMG testing is "recommended" to clarify suspected diagnosis of nerve root dysfunction, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The February 2, 2015 progress note in which the article in question was proposed was not seemingly incorporated into the IMR packet. The most recent progress note provided dated January 27, 2015 suggested that the applicant's left knee and associated knee arthritis were the primary pain generator(s). A medical-legal evaluation dated November 1, 2014 suggested that the applicant symptoms were confined to the symptomatic left lower extremity. The request, however, as written, was for EMG testing of the bilateral lower extremities. However, the MTUS Guideline in ACOEM Chapter 11, table 11-7, page 272 notes that the routine usage of the EMG testing in the evaluation of the applicant's without symptoms is "not recommended." Here, the historical progress note of January 27, 2015 and medical-legal evaluation of November 1, 2014 both suggested that the applicant's symptoms were confined to the symptomatic left lower extremity. The request for EMG testing of the bilateral lower extremities to include the seemingly asymptomatic right lower extremity was, thus, at odds with the MTUS Guideline in ACOEM Chapter 11, page 272. Therefore, the request was not medically necessary.