

<b>Case Number:</b>	CM15-0070286		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Internal 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 injured worker is a 59 year old female who sustained an industrial injury on 2/25/11. The injured worker reported symptoms in the right knee. The injured worker was diagnosed as having chronic right knee pain due to lateral meniscal tear as well as advanced degenerative tricompartmental osteoarthritis. Treatments to date have included injections, activity modification. Currently, the injured worker complains of right knee discomfort. The plan of care was for medication prescriptions, diagnostics and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG (electromyography) of the bilateral upper extremities, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Electrodiagnostic testing (EMG/NCS).

**Decision rationale:** MTUS addresses EMG electromyography. ACOEM 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that EMG electromyography for diagnosis of nerve involvement, if findings of history, physical exam, and imaging study are consistent, is not recommended. Official Disability Guidelines (ODG) Pain (Chronic) indicates that electrodiagnostic testing (EMG/NCS) are recommended depending on indications. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms. The primary treating physician's progress report dated 1/13/15 documented that nerve studies in the past have been unremarkable. EMG was normal in February 2012. No physical examination was documented. Without a documented physical examination, the request for EMG electromyography is not supported. The request for EMG electromyography is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for EMG electromyography is not medically necessary.

**NCV (nerve conduction velocity) of the bilateral upper extremities, QTY: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 181-183. Decision based on Non-MTUS Citation Work Loss Data Institute - Neck and upper back (acute & chronic) 2013  
<http://www.guideline.gov/content.aspx?id=47589>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses nerve conduction studies (NCS). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Page 178) states that nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) states that nerve conduction studies (NCS) are not recommended. The primary treating physician's progress report dated 1/13/15 documented that nerve studies in the past have been unremarkable. EMG was normal in February 2012. No physical examination was documented. Without a documented physical examination, the request for nerve conduction velocities (NCV) is not supported. The request for nerve conduction velocities (NCV) is not supported by MTUS, ACOEM, or Work Loss Data Institute guidelines. Therefore, the request for nerve conduction velocities (NCV) is not medically necessary.