

Case Number:	CM14-0144116		
Date Assigned:	09/12/2014	Date of Injury:	07/23/2007
Decision Date:	10/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old female with an injury date of 07/23/07. Based on 07/18/14 progress report provided by [REDACTED] the patient complains of significant right knee pain rated 7/10. Physical examination to the right knee reveals tenderness in the joint line. Patellar grind test is positive. McMurray's is positive. There is crepitus with painful range of motion. There is swelling, hematoma and a well healed scar on knee. Physical examination to ankles and feet reveal tenderness at the bilateral Achilles area, anterolateral aspect of the ankles, and plantar aspect of the feet. There is pain on terminal range of motion of ankles. Progress report dated 05/27/14 states patient has been given 3 Synvisc injections to the right knee. Patient still has residual pain. The patient received an intramuscular injection of 80 mg of Depo Medrol mixed with 1 cc of Marcaine for symptomatic relief on 07/18/14. It is stated that the patient tolerated the procedure well without any local or adverse systemic complications. Diagnosis 05/27/14- status post right knee arthroscopy with advanced arthrosis- left plantar fasciitis- right achilles tendinitis and plantar fasciitis as a compensable consequence [REDACTED] is requesting EMG Bilateral Lower Extremities. The utilization review determination being challenged is dated 08/25/14. The rationale is "There is no documentation that this patient has motor, sensory or reflex deficits in the lower extremities to satisfy the guideline criteria for subtle focal neurologic deficits being present to support the EMG of the lower extremities." [REDACTED] is the requesting provider, and he provided treatment reports from 02/04/14 - 07/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back: Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with significant right knee pain rated 7/10. The request is for EMG Bilateral Lower Extremities. Patient is status post right knee arthroscopy, has right Achilles tendinitis and bilateral plantar fasciitis. ACOEM guidelines Chapter 12, page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Review of reports do not document patient having symptoms of low back pain that would warrant EMG. The treater does not explain why an EMG is being requested either. There are no concerns for peripheral neuropathy, plexopathies. Request is not in line with guideline indication. The request is not medically necessary.