Medical Assessments, Inc.

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Notice of Independent Review Decision

September 23, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
EMG/NCV left lower extremity

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
09/01/1999: EMG/NCV
07/03/2012: Evaluation
11/13/2012: Evaluation
06/14/2013: Evaluation
07/13/2013: UR performed
08/26/2013: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who sustained a work related injury on xx/xx/xx. Claimant is status post right total knee replacement done in February of 2009 and is also status post a left total knee replacement done on December of 2007.

09/01/1999 EMG/NCV. Impression: All of the muscles showed normal insertional activities. O spontaneous activity in the form of fibrillations or positive waves. The lower extremity muscles showed normal motor unit action potentials, amplitudes, durations, morphologies, recruitment and interference patterns.

07/03/202: Evaluation for bilateral knee pain with replacements. It was reported that overall he was doing good, but still had discomfort. Physical Examination: Showed good motion of his knee. There was a little bit of synovial swelling, stable knee. Diagnosis: Osteoarthrosis unspecified whether generalized or localized involving lower leg. Recommendations: Continue on his exercise.

11/13/2012: Evaluation for bilateral knee pain and lower back pain. The claimant reported some discomfort in his left knee with activities and low back pain. Radiographic Studies: Interpretation: The x-rays of the knee showed the implant in good position. There was no obvious loosening. The x-ray of the L spine showed he had some mild degenerative changes, but no overt disc collapse. Physical Examination: Sitting reflexes and motor examination appeared to be intact. Straight leg raise caused a little bit of discomfort. Examination of the knee showed no effusion. His knees were stable. Recommendations: Getting him back into a physical therapy program and obtain CBC, sed rate, CRP, and EMG of the left lower extremity as his knee was symptomatic.

06/14/2013: Evaluation for knee pain. The claimant reported that he had been having continued bilateral knee pain and low back pain. Physical Examination showed healed incision scars of the knee. No overt swelling. He was tender and complained of pain in his left knee. Recommendations: Ordered his lab studies.

07/13/2013: UR performed. Rationale for Denial: There is not any clear indication in this case to proceed with electrodiagnostic testing of the left lower extremity. There was not documentation of detailed neurologic exam and imaging in the form of an x-ray did not show anything of apparent severity such that one would consider the presence of a radiculopathy. With multiple things going on clinically, physician discussion would be most beneficial to determine the best course of evaluation for treatment planning. The request at this time for EMG/NCV of the left lower extremity cannot be recommended as medically necessary.

08/26/2013: UR performed. Rationale of Denial: Based on treatment guidelines, the electrodiagnostic studies are supported for individuals with possible neuropathic pain complaints with objective findings on physical examination. At this time, there are no significant objective physical examination findings of any radicular symptoms or loss of sensation to support the medical necessity of repeated EMG/NCV studies of the left lower extremity. The claimant has had ongoing and chronic complaints of this pain which have been worked up in detail over the past many years. At this time, the physical examination findings do not support the medical necessity of the EMG nerve conduction velocity studies of the left lower extremity. The previous non-certification was reviewed and was based on the fact that the claimant had undergone a previous electrodiagnostic study in

1999 and there were no detailed neurological examination findings to support the treating provider's request for EMG/NCV studies of the left lower extremity. The previous non-certification is supported. The treating provider has not provided any additional information that would result in an overturn of the previous non-certification. The most recent objective physical examination findings are from June 14, 2013, with no more recent objective physical examination finding presented to be reviewed. The appeal request for EMG/NCV of the left lower extremity is not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The request for EMG/NCV left lower extremity is denied. The claimant already had an EMG three months post injury that was normal. There is nothing in the claimant's record that indicates a neurological abnormality, or a change in his condition to warrant another EMG. Therefore, the request for EMG/NCV left lower extremity is not found to be medically necessary.

PER ODG:

Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. (Bigos, 1999) (Ortiz-Corredor, 2003) (Haig, 2005) No correlation was found between intraoperative EMG findings and immediate postoperative pain, but intraoperative spinal cord monitoring is becoming more common and there may be benefit in surgery with major corrective anatomic intervention like fracture or scoliosis or fusion where there is significant stenosis. (Dimopoulos, 2004) EMG's may be required by the AMA Guides for an impairment rating of radiculopathy. (AMA, 2001) (Note: Needle EMG and H-reflex tests are recommended, but Surface EMG and F-wave tests are not very specific and therefore are not recommended. See Surface electromyography.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**