

<b>Case Number:</b>	CM13-0022960		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Rhode Island. 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 physician 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 beneficiary presents for left ankle pain after twisting at work while exiting a truck. The date of injury is 2/21/13. The date of claim is 10/7/13. The beneficiary has ankle pain with some swelling. The beneficiary also complains of weight gain and insomnia since the accident. The exam shows mild limitation in range of motion (ROM). Mild pain on drawer and inversion test. An x-ray of ankle is negative for fracture. The results of an MRI are unavailable. The beneficiary has exams of 7/31/13 and 8/10/13 that are unremarkable for ankle findings. There is a complaint of low back pain with no radiation. There are no findings of leg weakness or loss of reflex/no radicular findings. The request is for EMG/nerve conduction studies of the lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for electromyogram/nerve conduction velocity (EMG/NCV) of bilateral lower extremities:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-386.

**Decision rationale:** The beneficiary has an ankle strain and no other objective findings. No examination findings indicate nerve entrapment or injury. No sensory level is detected. No motor loss. There are no radicular findings on the back pain. No loss of strength, reflex or sensory level is detected. The beneficiary is undergoing physical therapy. There is no indication for EMG/nerve conduction in this clinical scenario. I reference the MTUS guidelines above in my determination.