MAXIMUS Federal Services

Case Number:	CM13-0044219		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2007
Decision Date:	07/25/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 9/13/2007 after prolonged standing. She was diagnosed with plantar fasciitis in both of her feet as well as posterior tibial nerve entrapment in both feet, plantar and median nerve entrapment left and right foot, severe neuritis pain, flat foot deformity, knee varus, calcaneal valgus in both feet, anxiety, and depression, frozen left knee, and osteoarthritis right and left knees. She was treated with oral medications for the pain, TENS unit, surgery (knee), steroid injections, exercises, physical therapy, and shockwave therapy. The worker was seen by a podiatrist consultation on 6/27/13 complaining of bilateral foot pain (burning 7/10 on pain scale) with weight bearing, stiffness and burning pain in her right knee (3/10 on pain scale), and left knee pain (7/10 pain scale) with walking. Physical examination was remarkable for a limp, absent patellar reflexes bilaterally, diminished achilles reflex bilaterally, negative straight leg raise, no back pain or tenderness, and positive Tinel's sign at posterior tibial, medial, plantar, and lateral plantar nerves and medial calcaneal nerve on the right leg. She was recommended to get orthotics, get trigger point injections, use night splints, reduce her weight, begin exercise program again, get an x-ray of both feet, get NCV testing of lower extrimities, get an ultrasound of both feet, and take Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV BLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: The MTUS ACOEM Guidelines state that special testing is not typically necessary to diagnose and treat knee, leg, ankle, and foot conditions. It states that for lower back complaints, nerve testing may be considered when the neurological examination is less clear as to whether or not the leg pain/symptoms are related to the lower back or not, and for symptoms that last more than 3-4 weeks with conservative therapy. NCV testing for the lower extremities in this case seems to be more testing than necessary. Examination findings seem to be clear as to the nerve impingement, and without any lower back complaints or findings, nerve testing will not add to the treatment choices. Therefore the Nerve Conduction Velocity Test (NCV) is not medically necessary.