

Case Number:	CM13-0046618		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2013
Decision Date:	04/29/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology and Pain Medicine 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:

injury to the right foot. She complained of aching, tingling, and burning pain of right foot. The pain increases with walking. No functional benefit was obtained with physical therapy. An examination noted normal range of motion, negative stress testing, and no edema. The pulses were normal. A sensory examination was normal. There was positive Tinel's over the posterior tibial nerve. An MRI of the right foot dated 12/6/13, revealed intermediate signal in the Lisfranc ligament with fibers in continuity, consistent with a chronic grade two (2) sprain with scarring; mild degenerative changes on the plantar aspect of the third tarsometatarsal joint with cartilage fissuring and subchondral cystic change; and degeneration of the distal second and third MTP plantar plates with no fluid-filled tear. There was mild capsulitis. The date of the utilization review (UR) decision was 10/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS OF THE RIGHT LOWER EXTREMITY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Neuromuscular & Electrodiagnostic Medicine---AANEM: Usefulness of EDX Techniques in the Evaluation of Suspected Tarsal Tunnel Syndrome: an evidence based review (www.aanem.org/getmedia/15417557---424c---4c29.../tarsaltunnel.pdf.aspx).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Electrodiagnostic studies.

Decision rationale: The Official Disability Guidelines indicate that "Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results)." The lack of radicular symptoms is often a compelling reason to order these studies. The request is medically necessary.

NERVE CONDUCTION STUDY (NCS) OF THE RIGHT LOWER EXTREMITY:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Neuromuscular & Electrodiagnostic Medicine---AANEM: Usefulness of EDX Techniques in the Evaluation of Suspected Tarsal Tunnel Syndrome: an evidence based review (www.aanem.org/getmedia/15417557---424c---4c29.../tarsaltunnel.pdf.aspx).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Electrodiagnostic studies.

Decision rationale: The Official Disability Guidelines indicate that "Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results)." The lack of radicular symptoms is often a compelling reason to order these studies. The request is medically necessary.