MAXIMUS Federal Services

Case Number:	CM13-0047927		
Date Assigned:	12/27/2013	Date of Injury:	05/31/2012
Decision Date:	03/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Podiatry, 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 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 patient is a 63-year-old female who reported a work-related injury on 05/31/2012, as a result of a fall. The patient presents for treatment of the following diagnoses, Lisfranc injury to the right foot and posterior tibial tendon tendonitis of right foot. The clinical note dated 10/09/2013 reports the patient was seen in clinic under the care of [redacted]. The provider documents the patient presents for followup of right foot and ankle pain. The provider documents upon physical exam of the patient's right leg/ankle, increased venostasis was noted much worse than initially from surgical intervention. The provider documents the patient reports weakness of the PTT of the right ankle and foot, the right ankle does not feel unstable but hurts with range of motion. The patient reports numbness to the plantar aspect of the right foot. The patient is also reporting cramps to the right lower extremity. The provider recommended the patient undergo PSSD testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular junction testing each nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Backonja, MM, et al. Quantitative sensory testing in measurement of neuropathic pain phenomena and other sensory abnormalities. Clin J Pain. 2009 Sep; 25(7): 641-7, 2. Geber, C, et al. Test-retest and interobserver reliability of quantitative sensory testing accor

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Freeman TL, Johnson E, Freeman ED, et al. Neuromuscular Junction Disorders. In: Cuccurullo S, editor. Physical Medicine and Rehabilitation Board Review. New York: Demos Medical Publishing; 2004, http://www.ncbi.nlm.nih.gov/books/NBK27244/

Decision rationale: The clinical documentation submitted for review fails to evidence support for the current request. The clinical notes do not indicate when the patient had last undergone imaging studies or standard electrodiagnostic testing of the right lower extremity. The provider fails to submit a specific rationale for the requested neuromuscular junction testing for the patient's current clinical picture. The clinical notes failed to evidence the patient's course of treatment as far as lower levels of conservative treatment per her symptomatology. Given all of the above, the request for neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one (1) method is not medically necessary and appropriate.