

Case Number:	CM13-0049533		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2013
Decision Date:	04/10/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational 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 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 47 year old male with date of injury 10/14/2013. Patient underwent metatarsophalangeal arthroplasty of the right first toe on 7/8/13. The primary orthopedic surgeon's report dated 9/16/13, states the patient's subjective complaints as "burning pain right first toe and foot also, after surgery." Patient expressed concern in regards to postsurgical changes. Patient recalls marked spasm that had remained refractory to physical therapy, home exercise, cold heat, stretching, activity modification, and TENS. Objective findings include: no signs of infection, incision well healed, decreased temperature right distal lower extremity, hyperalgesia right first toe and hyperesthesia from proximal to ankle, distally. Diagnoses: 1. Status post right toe metatarsophalangeal arthroplasty. 2. Rule out early sympathetically maintained pain syndrome right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Post Op Physical Therapy (PT) two (2) times a week for four (4) weeks, right great toe: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 14.

Decision rationale: Although the patient was still within the timeframe of the postsurgical treatment guidelines, there was no documentation that physical therapy had been helpful up to that point. There is documentation that the patient was responding well to medication, however. Without medical documentation of functional improvement, further physical therapy is not medically necessary.

Electromyography (EMG) Bilateral Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There is no history documented that the patient has low back pain which may be responsible for radicular symptoms. EMG studies of the lower extremities are not medically necessary.

Nerve conduction study (NCS) Bilateral Lower Extremity: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar EMG/NCS

Decision rationale: According to the Official Disability Guidelines, nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Nerve conduction studies of the lower extremities are not medically necessary