

Case Number:	CM13-0050789		
Date Assigned:	12/27/2013	Date of Injury:	03/07/2011
Decision Date:	03/19/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 28-year-old male with a date of injury of 03/07/2011. An orthopedic evaluation report by [REDACTED], dated 03/06/2012 identified the mechanism of injury as a forklift the worker was driving ran into a wall. The injuries included a left foreleg fracture and a left ankle hairline fracture. These were treated with surgery, wound care, and skin grafting. The treatment was complicated by a wound infection and progressive left foot and ankle contracture, requiring a tendo-achilles lengthening procedure and excisions of fibromas from left foot ligaments on 05/13/2013, according to the procedure report. Evaluation notes from [REDACTED] and [REDACTED] dated 05/22/2013, 05/24/2013, 06/07/2013, 06/21/2013, 07/25/2013, 08/02/2013, 8/23/2013, 09/20/2013, 10/25/2013, 11/12/2013, and 12/06/2013 report that the member was also treated with a CAM boot, physical therapy, and opioid and anti-inflammatory medications. The pain decreased significantly, function and walking improved, and the range of the left ankle's joint motion returned to normal. [REDACTED] note on 10/25/2013 reports that the worker complained of some cramping and tightness in the lower left leg. He had also been experiencing numbness and tingling along the side of the leg to the foot. Examination showed a positive Tinel sign at the left common peroneal nerve, weakness with left plantar flexion, normal left ankle range of motion, and left leg heel to toe gait. A Utilization Review decision was rendered on 11/04/2013 recommending non-certification for an electromyography (EMG) and nerve conduction velocities (NCV). [REDACTED] evaluation dated 10/04/2012; [REDACTED] evaluations dated 09/13/2012, 10/30/2012, 12/11/2013, 01/31/2013, and 03/05/2013; [REDACTED] evaluations dated 01/25/2013, 03/15/2013, and 04/05/2013; and the MRI report dated 03/18/2013 were also reviewed in detail.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve Conduction Velocity (NCV) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046, 1021-1022. Decision based on Non-MTUS Citation ODG Pain (updated 10/14/13), Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 381-386.

Decision rationale: The worker's clinical history, examination findings, and imaging studies were all clearly consistent with a radiculopathy, stemming from the original injuries. The treatments provided improved the worker's symptoms and function significantly. The MTUS/ACOEM Guidelines recommend NCV in cases of subtle neurologic dysfunction with an unclear cause or to differentiate among potential causes. This study would not provide any additional information that the clinical history, imaging studies, and examination had not already shown, and the cause of the radiculopathy was clear. In the absence of any such need for clarification, this request for NCV is not medically necessary.

Electromyography (EMG) of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chapter 13 Knee Complaints Page(s): 1044-1046, 1021-1022. Decision based on Non-MTUS Citation ODG Pain (updated 10/14/13), Electrodiagnostic testing (EMG/NCS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 361-386, 165-193, 253-285.

Decision rationale: The MTUS/ACOEM Guidelines do not recommend an EMG study in cases for which the reason for the symptoms and findings is clear. It is to be used to distinguish among causes of subtle neurologic findings and/or symptoms. The worker's clinical history, imaging studies, and examination findings, such as a positive Tinel sign and plantar flexion weakness, were clearly consistent with radiculopathy. The results of the EMG would not add additional information or assist with differentiating among other clinical conditions. In the absence of any such need for clarification, this request for an EMG is not medically necessary.