

<b>Case Number:</b>	CM13-0054378		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	12/08/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 patient is a 35 year-old female who was injured on December 8, 2011, when she twisted her right ankle. The patient continued to experience pain in the lateral aspect of her right ankle. Physical examination was notable for painful range of motion of the right ankle with normal motor strength. Diagnoses included grade III ligament injury to right ankle with rear of the anterior talofibular ligament and calcaneal fibular ligament and traction neuropathy of the common peroneal nerve, superficial peroneal nerve, and deep peroneal nerve. The patient underwent arthroscopic surgery of the right ankle for repair of the anterior talofibular ligament and calcaneal fibular ligament in May 6, 2013. Treatment also included Norco. Requests for authorization for right lower extremities PSSD and nerve block and sensory nerve stimulation right ankle for 12 sessions were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT LOWER EXTREMITIES PSSD, QTY: 1.00: 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) Pain,

Electrodiagnostic testing, Surface electromyography, Up-to-date: Overview of lower extremity peripheral nerve syndromes

**Decision rationale:** MTUS does not comment on PSSD, a mode of electrodiagnostic testing. PSSD is pressure specified sensory device that uses two small metal probes that gently touch the skin to determine if the patient is suffering from neuropathy. Electromyography and nerve conduction studies remain the most effective means of identifying and classifying peripheral nerve disorders. Needle electromyography for nerve conduction studies is recommended. Surface electromyography is not recommended for the diagnosis of neuromuscular disorders. PSSD is a diagnostic tool that uses the skin surface for testing and is not recommended.

**NERVE BLOCK AND SENSORY NERVE STIMULATION, RIGHT ANKLE 2X6 WEEKS, QTY: 12.00:** 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), Ankle and Foot, Neuromuscular stimulation; Pain Neuromuscular stimulation

**Decision rationale:** Neuromuscular electrical stimulation is recommended for foot drop to help patients with spinal cord injury (SCI) to ambulate. It is not recommended for pain. There is no evidence to support its use in chronic pain. In this case the patient has not experienced foot drop from a spinal injury. Medical necessity has not been established.