

Case Number:	CM13-0055206		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2011
Decision Date:	03/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and bilateral foot pain reportedly associated with an industrial injury of July 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnosis of plantar fasciitis; transfer of care to and from various providers in various specialties; and reported return to some form of work. In a Utilization Review Report of November 11, 2013, the claims administrator denied a request for electrodiagnostic testing of the lower extremities. An earlier note of August 23, 2013 is sparse, handwritten, and difficult to follow. The applicant was given a diagnosis of plantar fasciitis. The applicant was described as having foot and knee complaints, exacerbated by walking. The note was handwritten and difficult to follow. Extracorporeal shockwave therapy, topical compound, and physical therapy were endorsed. The applicant was seemingly returned to regular work. A later note of November 15, 2013 is notable for comments that the applicant sustained a knee injury in a trip and fall incident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twenty nerve conduction, amplitude, and latency/velocity studies, each nerve: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14 Table 14-6, the electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, there is no clear evidence of tarsal tunnel syndrome or the lower extremity neuropathy. The primarily stated operating diagnosis is that of plantar fasciitis. Plantar fasciitis is a clinical diagnosis, per ACOEM, not a diagnosis which would require nerve conduction testing to establish. It is further noted that the unfavorable MTUS Guidelines in ACOEM Chapter 14 is also echoed by the MTUS-adopted ACOEM Guidelines in Chapter 13, which states that electrical studies are "contraindicated" for nearly all knee injuries. Again, in this case, neither operating diagnosis of knee contusion or plantar fasciitis is one which would require electrical studies to uncover. The documentation on file, as noted previously, is sparse, handwritten, not entirely legible, and difficult to follow. No clear rationale for the test in question was proffered by the attending provider so as to try and offset the unfavorable ACOEM recommendations. The request for twenty nerve conduction, amplitude, and latency/velocity studies, each nerve, is not medically necessary or appropriate.