

Case Number:	CM13-0060281		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2013
Decision Date:	04/18/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery, 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 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 claimant is a 45-year-old who apparently had an initial date of injury of July 3, 2013 after slipping on a wet floor injuring his right foot and lower extremity region. Medical records reviewed included office notes by [REDACTED]. According to the records reviewed, the claimant has been treated thus far conservatively with use of analgesic medications, multiple sessions of physical therapy, ice pack and crutches, as well as extensive periods of off-work time as well as work restrictions. There are multiple medical notes provided stating that the claimant has "improvement," but there is no evidence in the medical records provided of objective findings of improvement evidenced by improved work status or improved performance of activities of daily living. There is also no evidence of any diminished reliance on medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TO THE LUMBAR, HIP, ANKLE, FOOT, AND THIGH, THREE TIMES PER WEEK FOR TWO WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 298-303; 369-371.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on current Chronic Pain Medical Treatment Guidelines, although there are subjective statements of improvement, there does not appear to be any significant clear evidence that the claimant has improved functionally from the treatment offered up to this point. As such, it does not appear that additional physical therapy would be warranted or considered medically reasonable based on the current Chronic Pain Medical Treatment Guidelines secondary to the reasons noted above. The request for additional physical therapy for the lumbar, hip, ankle, foot, and thigh, three times per week for two weeks, is not medically necessary.

ELECTROMYOGRAM (EMG) TO THE BILATERAL LOWER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 298-303; 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: In regard to the EMG, there is no evidence following review of the medical records that there is any suspicion or clinical evidence of neurologic dysfunction in this case. The majority of the diagnostic notes ****relay**** complaints of mechanical issues in the low back, right hip, right foot, and thigh region. There is no evidence of any significant radicular symptomatology in this case. As such, the use of EMG would not be warranted based on the Low Back Complaints Chapter of the ACOEM Practice Guidelines. The ACOEM Guidelines state that EMG are used to identify subtle focal neurologic dysfunction in individuals where nerve root dysfunction is suspected. This has clearly not been met in this case. The request for an EMG to the bilateral lower extremities is not medically necessary.

A NERVE CONDUCTION STUDY (NCS) TO THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 298-303; 369-371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: In regard to the NCS, there is no evidence following review of the medical records that there is any suspicion or clinical evidence of neurologic dysfunction in this case. The majority of the diagnostic notes ****relay**** complaints of mechanical issues in the low back, right hip, right foot, and thigh region. There is no evidence of any significant radicular symptomatology in this case. As such, the use of NCS would not be warranted based on the Low Back Complaints Chapter of the ACOEM Practice Guidelines. The ACOEM Guidelines state that NCS are used to identify subtle focal neurologic dysfunction in individuals where nerve root dysfunction is suspected. This has clearly not been met in this case. The request for an NCS to the bilateral lower extremities is not medically necessary.

