

Case Number:	CM13-0063987		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2012
Decision Date:	04/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 has filed a claim for second and third-degree burns of the left foot and ankle, chronic regional pain syndrome of the foot and ankle, and chronic pain syndrome reportedly associated with an industrial injury of April 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; debridement of the burns; and extensive periods of time off work, on total temporary disability. In a podiatry consultation of November 21, 2013, the applicant is described as having burning, throbbing, and stabbing type pain about the foot and ankle. She is having to use a cane to move about. She is given presumptive diagnoses of a history of left foot third-degree burn and complex regional pain syndrome of the left foot. Work restrictions are endorsed. The applicant has diminished range of motion about the ankle with associated hypersensitivity to touch and scarring associated with the burn. In a November 1, 2013, progress report, the primary treating provider notes that the applicant is having persistent foot and ankle pain with burning and throbbing sensations. The applicant's foot become stiff with any form of activity. The applicant stands 5 feet 5 inches tall and weighs 175 pounds. Left lower extremity strength is diminished and scored a 4/5 with diminution of motion, hypersensitive to touch, and allodynia appreciated about the same. MRI studies of the left foot and electrodiagnostic testing of the left lower extremity are sought along with a podiatry consultation and additional physical therapy. The applicant is not working, it is acknowledged and remains off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat electromyography (EMG) and nerve conduction velocity (NCV) testing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS 2 Page(s): 37.

Decision rationale: While earlier electrodiagnostic testing of September 2012 was reportedly negative, per the claims administrator, over a year and a half has elapsed since that point in time. As noted on page 37 of the MTUS Chronic Pain Medical Treatment Guidelines, nerve damage associated with chronic regional pain syndrome can be detected by EMG. In this case, the applicant has persistent left lower extremity symptoms and signs, including allodynia, hypersensitivity to touch, discoloration, difficulty bearing weight, diminished strength, etc., all of which do call into question suspected diagnosis of chronic regional pain syndrome for which electrodiagnostic testing is indicated to help definitively make the diagnosis, as suggested on page 37 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.