

Case Number:	CM13-0066489		
Date Assigned:	01/03/2014	Date of Injury:	02/08/2012
Decision Date:	04/21/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for left ankle, bilateral heel, left arm, and left shoulder pain reportedly associated with an industrial injury of February 8, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; left ankle open reduction and internal fixation (ORIF) surgery; earlier electrodiagnostic testing of the left upper extremity, notable for severe left brachial plexopathy; multiple surgeries over the life of the claim, including a repair of a torn left axillary artery on February 8, 2012; cervical fusion surgery on April 10, 2012, left ankle ORIF surgery on February 9, 2012; and various arterial bypass grafts; a left knee anterior cruciate ligament (ACL) reconstruction surgery on February 13, 2013; left ankle Achilles reconstruction surgery on August 21, 2013; and extensive periods of time off of work. In a utilization review report of November 20, 2013, the claims administrator denied a request for electrodiagnostic testing of left lower extremity. The applicant's attorney subsequently appealed. On November 8, 2013, the applicant was placed off of work from psychological standpoint. On November 5, 2013, the applicant was described as reporting persistent issues with left arm fatigue. The applicant recently had an angiogram on October 23, 2013 which noted an occluded left subclavian artery, it is noted. The applicant has ongoing left ankle and bilateral heel pain. He is having issues with activity tolerance. He is described as having atrophy about the shoulder musculature and hand intrinsic musculature. He has a corn about the right foot. He is described as carrying diagnosis of severe brachial plexopathy, status post cervical fusion surgery, mild traumatic brain injury, left axillary artery transaction, status post ankle ORIF surgeries, status post ORIF of left clavicular fracture, fractured three ribs, bilateral fibular fractures, left ACL reconstruction, pulmonary contusion, cardiac contusion, atrial fibrillation, and cellulitis of the left lower extremity. It is

stated that the applicant should obtain electrodiagnostic testing of the left upper extremity and also obtain electrodiagnostic testing of left lower extremity in light of his ongoing atrophy about the left lower extremity. He is placed off of work, on total temporary disability. Additional physical therapy is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS FOR LEFT LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 347,377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, electrical studies are "not recommended" and are, in fact, contraindicated for nearly all knee injury diagnoses. Similarly, the MTUS- adopted ACOEM Guidelines also state that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies "not recommended." In this case, the documentation on file is somewhat difficult to follow. On the progress note in question, November 5, 2013, in which the electrodiagnostic testing of left lower extremity was sought, the bulk of the applicant's symptoms were described as pertaining to the left arm. The applicant was described as having fatigue about the left arm. He was having atrophy about the left shoulder muscles and hand intrinsic muscles, it was stated. While the treating provider went on to state that the applicant also had atrophy about the left lower extremity in the discussion section of the report, that portion was not mentioned in the exam finding section of the report. It is further noted that the applicant already has established diagnoses pertaining to the left knee, left ankle, left lower extremity, including a history of left ankle anterior cruciate ligament (ACL) rupture status post ACL repair surgery, history of left ankle fracture status post left ankle open reduction and internal fixation (ORIF) surgery, and history of left knee internal derangement status post left knee ACL reconstruction surgery. There is no evidence of any entrapment neuropathy about the lower extremity which would warrant electrodiagnostic testing of the same. Therefore, the original utilization review decision is upheld. The request remains not certified, on independent medical review.

EMG FOR LEFT LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347,377.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, electrical studies are "not recommended" and contraindicated for nearly all knee injury diagnoses. Similarly, the

MTUS Guideline in ACOEM also state that electrical studies for routine foot and ankle problems without clinical evidence of entrapment neuropathy is "not recommended." In this case, there is no evidence of an entrapment neuropathy associated with left lower extremity. The bulk of the applicant's symptoms seemingly pertain to the left upper extremity, where the applicant apparently has atrophy and weakness of several muscles, including the shoulder girdle and hand intrinsic muscles. The applicant already has established diagnoses pertaining to the left lower extremity, including history of knee internal derangement status post knee reconstruction surgery, ankle fracture status post open reduction and internal fixation (ORIF) surgery, and ankle internal derangement status post anterior cruciate ligament (ACL) reconstruction surgery. There is no evidence of any kind of entrapment neuropathy for which electrical studies would be indicated. Therefore, the request is not certified, on independent medical review.