

Case Number:	CM14-0002064		
Date Assigned:	01/24/2014	Date of Injury:	06/17/2011
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine & Rehabilitation 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 patient is an employee of [REDACTED] and has submitted a claim for right knee and right foot pain associated with an industrial injury date of June 17, 2011. Treatment to date has included medications, physical therapy, and left L5-S1 microdecompression surgery. Medical records from 2013 were reviewed, which showed that the patient complained of intermittent right knee pain with swelling. He also complained of continuous right foot pain that worsened with movement. The patient was also using a brace and walked with an uneven gait. On physical examination, there was laxity of the right ankle with valgus stress. There was tenderness of the lateral aspect of the right foot with noted deformity and decreased sensation. Utilization review from December 20, 2013 denied the request for EMG/NCS bilateral lower extremities because it was not clear what the differential diagnosis was for which the procedure has been requested; and MRI right ankle/foot because the medical records did not support an indication for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: According to page 303 of the ACOEM Low Back Guidelines as referenced by CA MTUS, electromyography (EMG) including H-reflex tests, are indicated to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In this case, EMG/NCS of the lower extremities was requested to assess for traumatic neuropathy involving the ankle. The patient complained of numbness and tingling sensation of the right foot corroborated by physical examination findings of focal neurologic deficit, specifically decreased sensation at L5 and S1 dermatomes, right. The medical necessity has been established. Therefore, the request for electromyography bilateral lower extremities is not medically necessary.

NERVE CONDUCTION STUDY OF THE BILATERAL LOWER EXTREMITIES:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Nerve Conduction Studies.

Decision rationale: The CA MTUS does not specifically address nerve conduction studies (NCS). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, NCS are not recommended and there is minimal justification for performing such when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, EMG/NCS of the lower extremities was requested to assess for traumatic neuropathy involving the ankle. The patient complained of numbness and tingling sensation of the right foot corroborated by physical examination findings of focal neurologic deficit, specifically decreased sensation at L5 and S1 dermatomes, right. The medical necessity has been established. Therefore, the request for nerve conduction study of the bilateral lower extremities is not medically necessary.

MAGNETIC RESONANCE IMAGING OF THE RIGHT FOOT AND ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): (s) 372-374.

Decision rationale: According to pages 372-374 of the ACOEM Practice Guidelines as referenced by CA MTUS, disorders of soft tissue yield negative radiographs and do not warrant

other studies such as magnetic resonance imaging (MRI). In this case, an MRI of the foot and ankle was requested because the patient has not had a recent MRI. Although the patient presented with joint laxity and limitation of motion of the right ankle and 1st digit, the mere updating of the patient's imaging studies is not an indication for a repeat MRI. Furthermore, the previous MRI result is not available for review; and its exact date is likewise not known. Therefore, the request for magnetic resonance imaging of the right foot and ankle is not medically necessary.