

Case Number:	CM14-0006856		
Date Assigned:	07/02/2014	Date of Injury:	08/11/2011
Decision Date:	08/05/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/18/2014

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 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:

This patient is a 59 y/o female, DOI 8/11/11. Subsequent to a trip and fall she underwent right ankle surgery for a trimalleolar fracture. Post operatively she has evidence of continued joint surface damage, gait instability and neuropathic pain. The evaluating physician documented several clinical signs of a possible CRPS syndrome. In addition there were findings consistent with a superficial peroneal nerve dysfunction involving the fore leg distally. Her gait is well documented to be unstable with a foot drag due to ankle and foot instability on the right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG RIGHT LOWER EXTREMITY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nerve entrapments of the Lower Extremities emedicine.medscape.com/article/1234809-overview.

Decision rationale: MTUS Guidelines do not address this specific issue. However it is standard medical practice to evaluate a suspected peripheral nerve entrapment with both EMG and NCV studies. The evaluating physician makes a convincing argument for a developing CRPS

syndrome and he makes a convincing medical argument for a possible superficial peroneal nerve entrapment above the surgical site. Medically it is imperative that the possible nerve entrapment be fully evaluated as this can cause a CRPS syndrome and a simple procedure may reverse the worsening condition. The UR denial was not based on any Guideline criteria. The denial stated that distal superficial nerve damage was common from ankle surgery therefore the testing was not necessary. This is inadequate rationale for a denial under these circumstances. It is medically essential to see if the nerve is entrapped and at what location.

NCS RIGHT LOWER EXTREMITY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Nerve entrapments of the Lower Extremities emedicine.medscape.com/article/1234809-overview.

Decision rationale: MTUS Guidelines do not address this specific issue. However it is standard medical practice to evaluate a suspected peripheral nerve entrapment with both EMG and NCV studies. The evaluating physician makes a convincing argument for a developing CRPS syndrome and he makes a convincing medical argument for a possible superficial peroneal nerve entrapment above the surgical site. Medically it is imperative that the possible nerve entrapment be fully evaluated as this can cause a CRPS syndrome and a simple procedure may reverse the worsening condition. The UR denial was not based on any Guideline criteria. The denial stated that distal superficial nerve damage was common from ankle surgery therefore the testing was not necessary. This is inadequate rationale for a denial under these circumstances. It is medically essential to see if the nerve is entrapped and at what location.

RICHIE HINGE BRACE AFO FOR RIGHT ANKLE: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, AFO bracing.

Decision rationale: MTUS Guidelines do not deal with AFO bracing. ODG Guidelines recommend AFO bracing in the presence of a foot drop and ankle instability. The treating physician documents a gait with a forefoot lag/drop with ankle and midfoot instability. This presentation is consistent with superficial peroneal dysfunction and her post surgical ankle. The prior U.R. denied the AFO bracing using guidelines for immobilization bracing after an acute injury. The purpose of an AFP brace is not immobilization, but to allow improved function and ambulation. The AFO brace is medically necessary.