

Case Number:	CM14-0010348		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2013
Decision Date:	07/03/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old male who reported an injury on July 26, 2013 due to a sharp piece of broken ceramic tile penetrated through his shoe punctured his right foot and toe. The injured worker complained of frequent right foot and toe pain that increased with any weight bearing or prolonged walking or standing. On physical examination, the injured worker had tenderness at posterior/superior spine. There was weakness in the big toe dorsiflexors and big toe plantar flexor noted bilaterally. There was muscle weakness noted in the following areas foot dorsiflexor- right 3/5 left 3/5, foot plantar flexor- right 4/5 left 3/5, foot evertors- right 4/5 left 3/5, and foot inverters- right 4/5 left 3/5. The injured worker was positive bilaterally for the Trendelenburg Test. He was negative bilaterally for the Hoover Test, Kerning Test, Patrick/Fabere Test, and Hofmann's Test. The Babinski Test was negative only on the right side. The right sided plantar flexion was 40 degrees, dorsiflexion 10 degrees, and inversion 20 degrees. The x-ray showed the big toe base distal phalanx with internal derangement at joint. There was not any documentation provided of the injured workers treatment history. As of at least December 2013, the injured worker is on the current medications Anaprox, Prilosec, Ultram, tramadol, omeprazole, and naproxen sodium. The current treatment plan is for electromyography (EMG), and nerve conduction study (NCS or NCV). The rationale and request for authorization form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ELECTROMYOGRAM (EMG) OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Ankle and Foot Complaints, page(s) 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Electromyography (EMG).

Decision rationale: The request for EMG (electromyography) of the right lower extremity is not medically necessary. The injured worker reported an injury on July 26, 2013 to the right foot and big toe. The ACOEM Practice Guidelines state that electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines (ODG) state that electromyography may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative care, but EMG's are not necessary if radiculopathy is already clinically obvious. The request for an EMG of the right lower extremities is not consistent with the documentation for the injured worker's injury, signs/symptoms. There is no documentation of recent conservative care for the lower back symptoms. There is also a lack of imaging studies regarding the lumbar spine. Given the above, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Ankle and Foot Complaints, page(s) 1044-1046.

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

Decision rationale: The request for a nerve conduction studies (NCS or NCV) of the right lower extremity is not medically necessary. The injured worker reported an injury on July 26, 2013 to the right foot and big toe. The California MTUS and ACOEM Guidelines do not address this issue. The Official Disability Guidelines (ODG) state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has signs of radiculopathy. There is no evidence to suggest peripheral neuropathy to warrant a NCS study. Given the above, the request is not medically necessary.

AN ELECTROMYOGRAM (EMG) OF THE LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Ankle and Foot Complaints, page(s) 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Electromyography (EMG).

Decision rationale: The request for EMG (electromyography) of the left lower extremity is not medically necessary. The injured worker reported an injury on July 26, 2013 to the right foot and big toe. The ACOEM Practice Guidelines state that electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The Official Disability Guidelines (ODG) state that electromyography may be useful to obtain unequivocal evidence of radiculopathy after one month of conservative care, but EMG's are not necessary if radiculopathy is already clinically obvious. The request for an EMG of the left lower extremities is not consistent with the documentation for the injured worker's injury, signs/symptoms. There is no documentation of recent conservative care for the lower back symptoms. There is also a lack of imaging studies regarding the lumbar spine. Given the above, the request is not medically necessary.

NERVE CONDUCTION VELOCITY (NCV) OF THE LEFT LOWER EXTREMITY:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, Ankle and Foot Complaints, page(s) 1044-1046.

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

Decision rationale: The request for a nerve conduction studies (NCS or NCV) of the left lower extremity is not medically necessary. The injured worker reported an injury on July 26, 2013 to the right foot and big toe. The California MTUS and ACOEM Guidelines do not address this issue. The Official Disability Guidelines (ODG) state that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The injured worker has signs of radiculopathy. There is no evidence to suggest peripheral neuropathy to warrant a NCS study. Given the above, the request is not medically necessary.