

<b>Case Number:</b>	CM14-0017662		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Orthopedic 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:

Please provide a one paragraph summary of the relevant clinical issues with a diagnosis or diagnoses relevant to the disputed issue(s). Your summary may be posted on the DWC website for public viewing so please avoid any inflammatory language or disparaging remarks about any aspect of the medical care or claims processes. The claimant is a 40-year-old female who was injured in a work related accident on December 28, 2012. Initial complaints were that of ankle pain after the ankle was struck by an object. Imaging demonstrated posterior tibialis tendon tearing and a ganglion cyst for which the claimant underwent tendon repair and cyst removal surgery following a course of conservative care on July 24, 2013. Clinical assessment of January 6, 2014 revealed continued 7/10 pain with examination demonstrating an antalgic gait with healed foot incision, medial and lateral ankle tenderness, full range of motion with weakness noted with tibialis and calf musculature at 3/5 compared to the contralateral side. It indicates postoperatively the claimant has been treated with a significant course of physical therapy. There is a current request for electrodiagnostic studies as well as use of a Protec Multi stimulation Unit and eight additional sessions of formal physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG FOR BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

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

**Decision rationale:** California ACOEM Guidelines would not support the role of electrodiagnostic studies. This individual is noted to be with weakness to the ankle following an ankle procedure, but no documentation of neurologic findings that would necessitate electrodiagnostic testing. The claimant's weakness on examination is consistent with surgical process. The request for an EMG for bilateral lower extremities is not medically necessary or appropriate.

**██████ H MULTI STIMULATION UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 118, 120, 121.

**Decision rationale:** California MTUS Guidelines would not support the role of a multi-stimulation unit. A ██████ Multi-Stimulation System contains both interferential and neuromuscular electrical stimulation. Neuromuscular stimulation is only indicated in rehabilitation following a stroke with no indication for acute or chronic orthopedic related complaints. The request for a ██████ multi-stimulation unit is not medically necessary or appropriate.

**ADDITIONAL PHYSICAL THERAPY 2 X 4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** California MTUS Postsurgical Rehabilitative Guidelines would not support further physical therapy. At time of request, the claimant was greater than five months following surgical intervention having documentation of a significant course of physical therapy already performed. The additional eight sessions of physical therapy would exceed Guideline criteria. The request for additional physical therapy, twice weekly for four weeks, is not medically necessary or appropriate.

**NCV FOR BILATERAL LOWER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

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

**Decision rationale:** This individual is noted to be with weakness to the ankle following an ankle procedure, but no documentation of neurologic findings that would necessitate electrodiagnostic testing. The claimant's weakness on examination is consistent with surgical process. The request for an NCV is not medically necessary or appropriate.