MAXIMUS Federal Services

Case Number:	CM14-0150229		
Date Assigned:	09/18/2014	Date of Injury:	10/25/2013
Decision Date:	10/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 Orthopedics and is licensed to practice in Arizona. 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 29-year-old male facility manager sustained a foot injury when a vehicle drove over his left foot on 11/04/2012 while he was directing traffic at work. This led immediately to complaints of foot pain and was diagnosed as foot strain/sprain. When he experienced increased foot pain in early December 2013, he resigned [due to pain & personal issues] his position and in late December 2013 he started working as part-time computer technician/advisor in the private sector. Despite 'easier work' his foot pain worsened. In February he was referred to a medical facility by his previous employer [after he approached them again due to worsening pain] and was given pain and anti-inflammatory medication. He was also treated with 6 sessions of physiotherapy [12 sessions were prescribed and was planning for 12 more]. Received temporary pain relief using Tylenol as needed. Continue to ice his foot & take Tylenol E.S. At the time of his initial orthopedic consultation on 7/2/2014 his main concern was constant pain in left foot & toes mostly big toe and radiating to the ankle. Left foot also gave way & he noticed an altered gait. He was last seen clinically [according to my documentation] on 8/27/2014. He mostly complains of constant aching in the left foot [he had no pain on 7/30/2014], mostly big toe, radiating to ankle. It is worse when standing, walking, or applying pressure. His foot feels weak and he noticed an altered gait. He obtains temporary pain relief if he elevates his leg and uses pain medications. Physical examination revealed motor and sensory examination lower extremities normal and left foot had normal range of motion and some local tenderness over dorsal aspect of foot and interspace between 1st & 2nd metatarsal. Radiographs of the left foot were normal. Treatment consisting of physical therapy helped [completed 6/12 sessions] and when a physiotherapist manually adjusted his foot, a loud crack was heard and his foot pain subsequently improved. He also initially used oral pain medications but declined further usage recently [8/27/2014]. Good response also from patches. Also was prescribed a special shoe and

healing wedge. Diagnostic studies: Neuro-diagnostic studies was suggested but due to clinical improvement was later stated by the same physician not to be clinically indicated [7/30/2014]. Plain X-rays of the foot were also found to be normal [2/25/2014]. Diagnosis was documented as foot sprain [845.10]. At one point still considered an entrapment neuropathy [7/2/2014] but was ruled out [7/30/2014] later. Recommendations: Neuro-diagnostic studies consisting of EMG / NCV bilateral lower extremities. Further PT sessions [12 extra sessions suggested]. Work status such that he returned to modified work namely no standing or walking for more than 2 hours. UR date of refusal: September 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) and Nerve Conduction Velocity (NCV) of Bilateral Lower Extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1045,Chronic Pain Treatment Guidelines Low back, Neck, Elbow Page(s): 360,361,366,582.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Electro-diagnostic testing

Decision rationale: MTUS supplied mostly guidelines pertaining to radiculopathy and spine-related leg pain. Regarding entrapment syndromes MTUS [Elbow section] states that if high suspicion is found on clinical grounds, denervation atrophy is present and there is no response to conservative care, NCV studies should be considered. This approach, in my view, can be transferred to entrapment syndromes in foot and ankle as well. In absence of clinical findings of an entrapment syndrome in this patient, the decision is not altered. ACOEM states that these studies are not recommended in ankle and foot disorders without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies. Once again, no symptoms or signs pertaining to these conditions present. Electromyography (EMG) is a test that involves an assessment of the function of the motor unit, including the anterior horn cell, its axon, and the neuromuscular junctions and muscle fibers it supplies. EMG testing is what assists in the diagnosis of radiculopathy and assisting in differentiating acute from chronic radiculopathy. This patient does not have findings of radiculopathy and there is thus no medical necessity for an EMG-study, uni or bilateral lower extremities in this case. In addition, his clinical findings are regressing and no nerve pathology per clinical assessment to indicate an entrapment neuropathy was found more recently. The goal of Nerve Conduction Velocity studies [NCV] is basically to assist in diagnosis of neurogenic versus non-neurogenic causes of complaints such as pain, weakness, and paresthesias in the foot. It can also help to locate the anatomic location and reveal the underlying pathology in peripheral nerve lesions. Electrodiagnostic evaluation of neurogenic processes that present as foot and ankle symptoms can also rule out other causes for lower limb symptoms (generalized peripheral neuropathy, peroneal compression neuropathy etc.). This patient does not present clinical findings of an entrapment neuropathy and therefore the goal of medical necessity is not met. MTUS states that The American Association of Neuromuscular &

Electrodiagnostic Medicine (AANEM) recommends as a minimum standard that the testing should be medically indicated. Therefore, the request is not medically necessary.