

<b>Case Number:</b>	CM14-0161858		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Spine Surgery and is licensed to practice in New York. 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:

Patient has a date of injury of March 26, 2012. The patient has left ankle pain. The patient reports numbness and tingling of the lateral aspect of the left foot. Patient recently had a meniscectomy on the right knee and was scheduled to start physical therapy. On physical examination there was hypersensitivity over the lateral aspect of the ankle, the swelling of the foot and ankle, ankle is stable to testing, there is tenderness over the anterior ankle and the patient has an antalgic gait. The patient had lateral knee reconstruction. Nerve conduction studies were requested because the patient may have entrapment of the superficial branch of the peroneal nerve. At issue is whether nerve conduction studies of the lower extremities are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCS of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee pain chapter, MTUS knee and ankle chapter, ODG low back chapter

**Decision rationale:** Medical necessity for neurophysiologic testing in this patient has not been established. There is no documentation correlating initial injury and the request for neurophysiologic testing. Patient had initial injury in 2012. The patient has had physical therapy. Physical examination does not document deficit in the region of the superior branch of the superficial peroneal nerve. In addition there is no documentation that the patient has exhausted conservative measures to include injection therapy. Other hypersensitivity, there is no documentation of a significant neurologic deficit. Such as, NCS of the left lower extremity is not medically necessary.

**EMG of the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee pain chapter, MTUS knee and ankle chapter, ODG low back chapter

**Decision rationale:** Medical necessity for neurophysiologic testing in this patient has not been established. There is no documentation correlating initial injury and the request for neurophysiologic testing. Patient had initial injury in 2012. The patient has had physical therapy. Physical examination does not document deficit in the region of the superior branch of the superficial peroneal nerve. In addition there is no documentation that the patient has exhausted conservative measures to include injection therapy. Other hypersensitivity, there is no documentation of a significant neurologic deficit. Such as, EMG of the left lower extremity is not medically necessary.