MAXIMUS Federal Services

Case Number:	CM14-0163720		
Date Assigned:	10/28/2014	Date of Injury:	09/04/1996
Decision Date:	12/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 Surgery 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 64-year-old male sustained an industrial injury on 9/4/1996. The mechanism of injury was not documented. Past medical history was positive for diabetes, obesity, and hyperlipidemia. Past surgical history was positive for lumbar laminectomy in 1997. Records documented lumbar spine MRI findings of post-surgical changes at L1/2 and L4/5 and shallow disc bulge at L4/5 and bilateral facet hypertrophy with minimal central and mild left neuroforaminal stenosis. There was lumbar spondylosis with mild central canal stenosis at L2/3 and L3/4. The 6/22/14 left hip x-rays showed severe degenerative joint disease, avascular necrosis cystic changes, and a protrusion left hip. The patient underwent left total hip replacement on 7/23/14. The patient developed left foot drop/ankle weakness post-operatively. He was fitted with a posterior leaf spring ankle/foot orthosis (AFO) and was admitted for 7 days of comprehensive inpatient rehabilitation on 7/29/14. The 9/3/14 neurology follow-up notes indicated the patient had undergone total hip replacement with onset of total left foot drop after surgery presumably related to sciatic mononeuropathy but multilevel root radiculopathy involving L5 more than S1 could not be ruled-out. The patient presented wearing a leg brace. There was residual left foot global numbness extending up the lateral aspect of the left ankle. There was almost total foot drop. There was preservation of left plantar flexion but it was weak. Achilles reflex was absent. The treatment plan recommended EMG with nerve conduction study. Further recommendations would depend on the results. The 9/23/14 utilization review denied the request for EMG/NCV based on a lack of documented conservative treatment or how this test would impact case management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: EMG (Electromyelography) study of the left lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back- Lumbar and Thoracic, EMGs (Electromyelography), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, EMGs (electromyography) Other Medical Treatment Guideline or Medical Evidence: http://www.wheelessonline.com/ortho/nerve_injuries_in_thr

Decision rationale: The California MTUS guidelines do not recommend electrical studies for routine foot/ankle problems without clinical evidence of entrapment neuropathies. Guidelines typically support the use of EMG to identify subtle, focal neurologic dysfunction. The Official Disability Guidelines recommend EMG as an option to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. Guidelines state that EMG's are not necessary if radiculopathy is already clinically obvious. Peer-reviewed guidelines recommend the use of EMG studies to assess nerve injuries in total hip replacement. Guideline criteria have been met. This patient developed almost total left foot drop following left total hip arthroplasty. He underwent comprehensive inpatient rehabilitation and continues with a home exercise program. The neurologist has requested a left lower extremity EMG with nerve conduction study to assist in the differential diagnosis of sciatic mononeuropathy or lumbosacral radiculopathy. Therefore, this request is medically necessary.

Associated surgical service: NCV (Nerve Conduction Velocity) study 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), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Low Back- Lumbar and Thoracic, EMGs (Electromyelography), Nerve Conduction Studies (NCS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Nerve conduction studies (NCS) Other Medical Treatment Guideline or Medical Evidence:
http://www.wheelessonline.com/ortho/nerve_injuries_in_thr

Decision rationale: The California MTUS guidelines do not recommend electrical studies for routine foot/ankle problems without clinical evidence of entrapment neuropathies. The Official Disability Guidelines do not recommend nerve conduction study for patients presumed to have symptoms on the basis of radiculopathy. Peer-reviewed guidelines recommend the use of EMG

studies to assess nerve injuries in total hip replacement. Guideline criteria have not been met. There is no clear support for the addition of a nerve conduction study to the diagnostic work-up for this patient. Therefore, this request is not medically necessary.