

<b>Case Number:</b>	CM14-0176687		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Emergency 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:

This patient had a reported date of injury on 4/4/2013. Mechanism of injury is described as a fall from scaffolding with left ankle per IV fracture. Patient had immediate open reduction and internal fixation of fracture. Patient has a diagnosis of left knee sprain, left ankle sprain and rule out L ankle internal derangement. Patient is post removal of hardware on 7/8/14. Medical reports reviewed. The last report was available until 10/23/14. Recent notes were added by a new chiropractor seeing patient after patient's extensive treatment and workup by orthopedics. The patient complains of left knee and left ankle pain. The left knee pain is 6/10, dull achy and sharp and left ankle pain is dull and stiff. Both exacerbated by walking. Objective exam reveals patient using a left knee brace. Range of motion is decreased with positive McMurray's. The left ankle exam notes tenderness to palpation of anterior ankle, anterior talofibular ligament, dorsal ankle, lateral ankle, lateral maleolus and medial maleolus. Inversion and eversion is positive. The patient is reportedly undergoing physical therapy. Recent requests are all by a new chiropractor. Last note from orthopedist from 9/16/14 notes patient had healed wounds, neurovascular exam was normal and limited range of motion which is improved from the prior exams. Orthopedist recommends continued physical therapy, cycling on elliptical and plan for return to work without restrictions. There is no mention on knee complaints. The severe X-ray reports on the ankle was reviewed, they all showed good alignment. There was no medication list provided for review. Independent Medical Review is for Electromyography (EMG)/Nerve Conduction Velocity (NCV) of the bilateral lower extremities. The prior Utilization Review (UR) on 9/25/14 recommended denial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NCV/EMG bilateral lower extremity:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 309,377.

**Decision rationale:** EMG(Electromyography) and NCV(Nerve Conduction Velocity) studies are 2 different studies that are testing for different pathology. As per ACOEM Guidelines, EMG may be useful in detecting nerve root dysfunction. There is no documentation of any radiculopathy or nerve root dysfunction on the lower limb to support EMG use. There are no neurological deficits documented. There is no motor deficit. There is no evidence based rationale or any justification noted by the requesting chiropractor. EMG is not medically necessary. As per ACOEM guidelines, Nerve Conduction Velocity studies are contraindicated in virtually all knee and leg pathology unless there signs of tarsal tunnel syndrome or any nerve entrapment neuropathies. There are no such problems documented. NCV is not medically necessary. Both tests are not medically necessary. NCV/EMG of bilateral lower extremity is not medically necessary.