

<b>Case Number:</b>	CM14-0181596		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Internal Medicine 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:

The claimant is a 24 y/o female who sustained an industrial injury on 06/06/2014. The mechanism of injury occurred when the claimant tripped over uneven ground twisting her left ankle/foot and fell on the ground landing on her right shoulder. Her diagnosis is left ankle sprain/strain. She continues to complain of left ankle pain with popping and grinding in the ankle. She has difficulty walking, standing, sitting, reclining, and climbing stairs. On exam strength in the left ankle is 4/5 and there is tenderness over the medial ankle, lateral ankle, with a positive Tinel's sign at the anterior and posteromedial ankle. Left ankle range of motion is dorsiflexion 10 degrees, plantar flexion 50 degrees, inversion 15 degrees and eversion 10 degrees. Treatment has consisted of medical therapy and physical therapy. The treating provider has requested additional physical therapy 2x6 left ankle, and EMG/NCS bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 6 left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

**Decision rationale:** Per California MTUS Guidelines, physical therapy guidelines for ankle/foot sprain allow treatment frequency of 9 visits over 8 weeks for medical (9 non-surgical) treatment. In this case the claimant has completed 6 sessions. There are no noted ongoing symptoms, documented limited strength, or functional deficits. There is no documentation of functional improvement from the completed sessions. Medical necessity for the requested additional physical therapy sessions has not been established. The requested is not medically necessary.

**EMG/NCS Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) EMG/NCS

**Decision rationale:** There is no documentation provided necessitating the requested items. EMG including H reflex tests can be useful to identify subtle neurologic dysfunction in claimants with low back symptoms lasting more than three or four weeks. ODG further outlines that there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy and EMG are recommended as an option to obtain unequivocal evidence of radiculopathy after 1 month of conservative therapy, EMG's are not necessary if radiculopathy is already clinically obvious. In this case the claimant has left ankle pain with a positive Tinel sign at the anterior and posteromedial ankle. There is limited evidence of radiculopathy which would render an EMG medically necessary. The NCV alone would be indicated to rule out tarsal tunnel syndrome. Medical necessity for the requested items has not been established. The requested is not medically necessary.