

<b>Case Number:</b>	CM14-0022031		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 licensed in Podiatric 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:

According to the enclosed information, the original date of injury for this patient was 8/24/2010. It is noted that the patient twisted her left foot while working in a vineyard. According to the enclosed progress notes patient continues to have pain to the left foot when she walks and stands, and was diagnosed with plantar fasciitis. Patient has been taking pain medication as well as non-steroidal anti-inflammatory medication. Physical exam reveals pain to the plantar aspect of the foot within the medial arch and plantar fascia area. Physical exam also showed lower extremity range of motion of joints intact and within normal limits. Motor and sensory testing demonstrated intact lower extremity reflexes with intact lower extremity sensation. Progress note dated 1/9/2014 reveals that patient's left foot remains sore but is certainly getting better. Tenderness was noted upon palpation to the plantar medial calcaneal tubercle left side. Sensation is intact at bilateral lower extremity. Plan included continuation of Neurontin three times a day. Compound Muscle Action Potential (CMAP) testing was recommended to gain a better sense of exactly where patient's pain is originating from.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMAP TESTING LEFT FOOT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

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

**Decision rationale:** After careful review of the enclosed information and the pertinent MTUS guidelines for this case, it is my opinion that the decision for Compound Muscle Action Potential (CMAP) testing to the left foot is not medically reasonable or necessary at this time. It is noted multiple times in the progress notes that this patient has intact normal sensation to the plantar aspect of their feet as well as lower extremity. Page 377 of the MTUS guidelines states that electrical studies (CMAP) for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. There is no documentation of clinical evidence that this patient has tarsal tunnel or entrapment neuropathy. Therefore, the request for Compound Muscle Action Potential (CMAP) testing for left foot is not medically necessary and appropriate.