MAXIMUS Federal Services

Case Number:	CM14-0022101		
Date Assigned:	05/09/2014	Date of Injury:	03/01/2013
Decision Date:	08/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	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 Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 injured worker is a 45 year old male whose date of injury is reported as March 01, 2013. The injury is described as a burn to the left foot and ankle while performing routine duties as a welder. Current diagnosis is status post burn to left foot, sympathetic dystrophy to the left foot and diabetes. A progress report dated January 30, 2014 notes complaints of pain over the left foot and ankle with swelling on the medial aspect of the left foot with hypersentivity to the whole leg. Pinprick of the left foot and akle reveals numbness. Vibratory sense is absent in the left foot. Lack of tolerance to medications is not listed. Current medications are listed as hydrocodone. A orthopaedic progress note dated November 20, 2013 noted the injured worker required a pain management consult and twelve sessions of physical therapy. The evaluator also determined the treating condition was not orthopaedic in nature which is why the pain management consult was made. The same evaluator also determined the injured worker could not return to his normal duties as a welder until a future evaluation scheduled for January 08, 2014. There was no record of this evaluation found in the records reviewed. Treatment to date has included medications, acupuncture, physical therapy (twenty prescribed sessions), orthopaedic consult and treat, and a CAM boot. The request is for EMG/NCV.

IMR ISSUES, DECISIONS AND RATIONALES

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

NERVE CONDUCTION STUDY (NCS) LEFT LOWER EXTREMITY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electro-diagnostic testing.

Decision rationale: This is a claimant who suffered an alleged work injury with a burn to the left foot. The claimant is a diabetic preinjury and has been diagnosed with sympathetic dystrophy. Therefore the electrodiagnostic testing with NCV and EMG are reasonable as a diagnostic manuevers to discern whether there is an element of diabetic peripheral neuropathy operant in the symptom milieu. The request for nerve conduction study (NCS) of left lower extremity is recommended as medically necessary.

ELECTROMYOGRAPHY (EMG) LEFT LOWER EXTREMITY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electro-diagnostic testing.

Decision rationale: This is a claimant who suffered an alleged work injury with a burn to the left foot. The claimant is a diabetic preinjury and has been diagnosed with sympathetic dystrophy. Therefore the electrodiagnostic testing with NCV and EMG are reasonable as a diagnostic manuevers to discern whether there is an element of diabetic peripheral neuropathy operant in the symptom milieu. The EMG would help to discern whether there is some motor neuropathy that may be promoting sympathetic dystrophy. The request for electromyography (EMG) of left lower extremity is recommended as medically necessary.