

Case Number:	CM14-0026381		
Date Assigned:	06/16/2014	Date of Injury:	03/15/2013
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation, 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 patient is a 61 year old male who was injured on 03/15/2013 while he was performing regular and customary duties at work. A forklift ran over the patient's foot. Prior treatment history has included the patient undergoing surgical intervention with a right foot tarsal tunnel release with a modified distal approach on 02/28/2014. Diagnostic studies reviewed include nerve conduction studies and somatosensory evoked potentials dated 12/12/2013 which revealed an abnormal study of bilateral lower extremities with demyelinating peroneal motor sensory neuropathy affecting the right lower extremity versus right L4-L5 lumbar radiculopathy. Progress report dated 12/06/2013 and 03/14/2014 are illegible. Prior utilization review dated 02/05/2014 states the request for EMG/NCS of bilateral lower extremities has been partially certified to the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 14 Ankle And Foot Complaints, Page 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, EMGs (electromyography).

Decision rationale: According to the MTUS guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. According to the ODG, EMG is recommended as an option which is may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records document the patient underwent right foot tarsal tunnel release on 2/28/2014.EMG/NCS dated 12/12/2013 which revealed an abnormal study of bilateral lower extremities with demyelinating peroneal motor sensory neuropathy affecting the right lower extremity versus right L4-L5 lumbar radiculopathy. In the presence of recent EMG/NCS study, and in the absence of recent acute injury, the request is not medically necessary according to the guidelines.

NCS LEFT LOWER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 14 Ankle And Foot Complaints, Page 1044-1046.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, NCS is not recommended. The medical records document the patient underwent right foot tarsal tunnel release on 2/28/2014.EMG/NCS dated 12/12/2013 which revealed an abnormal study of bilateral lower extremities with demyelinating peroneal motor sensory neuropathy affecting the right lower extremity versus right L4-L5 lumbar radiculopathy. In the presence of recent EMG/NCS study, and in the absence of recent acute injury, the request is not medically necessary according to the guidelines.