Case Number:	CM14-0030104		
Date Assigned:	04/09/2014	**Date of Injury:**	05/24/2012
Decision Date:	05/27/2014	**UR Denial Date:**	01/14/2014
Priority:	Standard	**Application Received:**	01/27/2014

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 Occupational 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:

The patient has filed a claim for arthropathy and internal derangement of the knee associated with an industry injury of May 24, 2012. Thus far, the patient has been treated with non-steroidal anti-inflammatory drugs (NSAIDs), opioids, physical therapy, chiropractic therapy, Synvisc injection, steroid injection, and orthotics. The patient is status post two left knee meniscectomies on July 12, 2007 and January 14, 2013. The patient also had right knee surgery in 1992. In a utilization review report of January 14, 2014, the claims administrator modified a request for electromyography (EMG)/Nerve conduction study (NCS) of the bilateral lower extremities for only the left lower extremity as there is no significant nerve or muscle pathology in the right lower extremity. A review of progress notes shows worsening constant sharp bilateral knee pain radiating to the bottom of the foot. Findings are positive for tarsal tunnel syndrome on the left ankle. Right knee MRI (magnetic resonance imaging) performed May 10, 2013 showed medial meniscus tear. Left knee MRI showed mild patellofemoral osteoarthritis and medial meniscal changes secondary to either previous meniscectomy or degenerative tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG FOR THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Low Back chapter, and http://www.webmd.com/a-to-z-guides/tarsal-tunnel-syndrome.

Decision rationale: As noted in the MTUS ACOEM Guidelines, electromyography (EMG) is indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, Disability Guidelines (ODG) states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, there is no radicular or neurologic finding of the right lower extremity to support necessity of this procedure. The 1/7/14 medical report stated that the patient injured his left lower extremity when a rear hub cap fell on his left knee and foot. However, when seen, the patient's complaints were of left knee pain and tingling on the sole of his left foot. There was no documentation of radiculopathy involving the left lower extremity or a complaint of painful left foot, lumbar MRI (magnetic resonance imaging) findings supportive of left lower extremity radiculopathy, or x-rays or MRI reports of the left foot suggesting prior significant trauma. The exam findings failed to include objective clinical evidence of radiculopathy, though indicated that the patient had decreased sensation over the plantar aspect of his left foot and a positive Tinnel's tarsal tunnel. The diagnoses were Tarsal tunnel left foot and bilateral industrial knee injuries. According to [redacted], "tarsal tunnel syndrome is a rare disorder caused by damage to the tibial nerve or its branches, usually due to compression as it passes through the tarsal tunnel (entrapment neuropathy). The tarsal tunnel is a narrow passageway bound by bone and soft tissue that lies on the inside of the ankle.....Individuals with tarsal tunnel syndrome may experience pain, burning, or a tingling sensation along the tibial nerve." The 1/7/14 medical report did not provide evidence strongly supportive of tarsal tunnel syndrome especially caused by the patient's industrial injury. Therefore, the request for EMG of the right lower extremity was not medically necessary per the guideline recommendations of MTUS were not met.

NCS FOR THE RIGHT LOWER EXTREMITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 chapter, Nerve conduction studies (NCS).

Decision rationale: The CA MTUS does not specifically address this issue. According to Official Disability Guidelines (ODG), nerve conduction study (NCS) is not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. In this case, there is no documentation of neurological deficits of the right lower extremity to warrant a nerve conduction study. The 1/7/14 medical report stated that the patient injured his left lower extremity when a rear hub cap fell on his left knee and foot. However, when seen, the patient's complaints were of left knee pain and tingling on the sole of his left foot. There was no documentation of radiculopathy involving the left lower extremity or a complaint of painful left foot, lumbar MRI (magnetic resonance imaging) findings supportive of left lower extremity radiculopathy, or x-

rays or MRI reports of the left foot suggesting prior significant trauma. The exam findings failed to include objective clinical evidence of radiculopathy, though indicated that the patient had decreased sensation over the plantar aspect of his left foot and a positive Tinnel's tarsal tunnel. The diagnoses were Tarsal tunnel left foot and bilateral industrial knee injuries. According to [redacted], "tarsal tunnel syndrome is a rare disorder caused by damage to the tibial nerve or its branches, usually due to compression as it passes through the tarsal tunnel (entrapment neuropathy). The tarsal tunnel is a narrow passageway bound by bone and soft tissue that lies on the inside of the ankle.....Individuals with tarsal tunnel syndrome may experience pain, burning, or a tingling sensation along the tibial nerve." The 1/7/14 medical report did not provide evidence strongly supportive of tarsal tunnel syndrome especially caused by the patient's industrial injury. Therefore, the request for NCS for the right lower extremity was not medically necessary per the guideline recommendations of ODG were not met.