

Case Number:	CM14-0037376		
Date Assigned:	06/25/2014	Date of Injury:	08/26/2013
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for knee and ankle pain reportedly associated with an industrial injury of August 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; arthroscopic medial meniscectomy on January 30, 2014 and work restrictions. In a Utilization Review Report dated February 28, 2014, the claims administrator denied a request an EMG-NCS of the right lower extremity. The claims administrator did not cite any guidelines in its denial, stating that the MTUS, ACOEM, and ODG did not address the topic. In a progress note dated June 23, 2014, the applicant was described as having persistent complaints of knee and ankle pain, 4-5/10. The applicant was not working, it was acknowledged, as her employer was unable to accommodate limitations. The applicant was on tramadol and Motrin for pain relief as of that point in time, it was stated. On December 9, 2013, the applicant was described as having persistent complaints of knee and ankle pain. There were some ancillary allegations of numbness about the foot and ankle. The attending provider stated that, if this persisted, the applicant could consider electrodiagnostic testing at a later point. The applicant was described as using Motrin for pain relief and specifically denied any history of diabetes or hypertension, it was stated. On January 27, 2014, the applicant was placed off of work, on total temporary disability. The applicant was pending knee surgery. The applicant was asked to continue using an ankle brace for her ankle issues. On February 3, 2014, the applicant was described as having persistent complaints of knee pain status post knee surgery on January 30, 2014. The applicant did have intact strength and sensation about the lower extremities, it was stated. The applicant's ankle issues were not clearly detailed; however, toward the end of the report, the attending provider stated that the applicant had right superficial peroneal neuropathy

versus ankle instability and pain. EMG-NCS testing of the right lower extremity was sought to evaluate a possible superficial peroneal neuropathy. On February 24, 2014, the applicant was described as reporting persistent complaints of low back pain, 4-5/10, with radiation to right thigh, leg, and foot. The applicant had numbness about the foot, it was stated, along with mild swelling about the ankle. It was suggested that the applicant's low back issues had not been deemed compensable. The attending provider therefore stated that he would not treat or address these issues at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, EMG testing is recommended in applicants whose symptoms have persisted for greater than one month to help clarify diagnosis of suspected nerve root dysfunction. In this case the applicant does have complaints of low back pain radiating to the right leg, with associated numbness and tingling about the foot. These issues have apparently persisted for several months. Obtaining EMG testing to help establish the presence of a lumbar radiculopathy is indicated. Therefore, the request is medically necessary.

Nerve Conduction Velocity right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 377 acknowledged that electrical studies for routine ankle and foot problems are "not recommended" without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, in this case, however, the attending provider has suggested that he suspects a superficial peroneal neuropathy. The attending provider has postulated that the applicant's ongoing complaints of right lower extremity numbness and tingling do, in fact, represent superficial peroneal neuropathy. Nerve conduction testing to help establish the presence or absence of the same is indicated. Therefore, the request is medically necessary.

