

Case Number:	CM14-0037973		
Date Assigned:	07/21/2014	Date of Injury:	01/21/2009
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Neurology, has a subspecialty in Pain 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:

An EMG study done 1/17/14 noted EMG study of the lower extremities. There was strength of at least 4/5 bilaterally in the lower extremities. The impression was "it was a normal study." There was no electro-diagnostic evidence of tarsal tunnel syndrome. 10/16/13 physical therapy assessment noted ROM to be within normal limits in the lower extremity. There was strength of 4/5 throughout the lower extremities. There was no reflex or sensory deficit noted. 12/3/13 evaluation noted CRPS of the upper extremities and sinus tarsi plantar fasciitis of the left ankle and foot. Examination noted pain with palpation of the left plantar fascia with swelling. The vascular, dermatologic, musculoskeletal and neurologic findings were not changed in the feet or lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV - right ankle: Upheld

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

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, NCV.

Decision rationale: The medical records provided for review do not indicate physical presence of objective findings of abnormal strength, sensory or reflex changes in a peripheral nerve or nerve

root distribution in support of NCV performance to diagnose or prognoses a neurologic condition. The physical exam reports no abnormal sensory or reflex changes in the lower extremity.

EMG-right ankle: Upheld

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

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, EMG.

Decision rationale: The medical records provided for review do not indicate physical presence of objective findings of abnormal strength, sensory or reflex changes in a peripheral nerve or nerve root distribution in support of EMG performance to diagnose or prognoses a neurologic condition.