

Case Number:	CM14-0057464		
Date Assigned:	09/12/2014	Date of Injury:	06/01/2011
Decision Date:	10/30/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 injured worker is a 42-year-old female who reported an injury after stepping up 4 inches onto a step and inverting her ankle on 06/01/2011. On 03/11/2014, her diagnoses included chronic pain syndrome, left ankle sprain, left sacroiliac sprain, myofascial pain syndrome, bursitis, limb pain, knee pain, and left knee lateral meniscus tear. A surgical report dated 09/19/2012 noted a postoperative diagnosis of left sinus tarsi syndrome and calcaneal cysts, anterior subtalar joint. The procedure was a subtalar joint arthroscopy with debridement and drilling of the calcaneal cyst, and packing with bone graft. On 03/20/2014, her complaints included left foot pain. Her neurological evaluation revealed a positive left bowstring test, a positive straight leg raising test, and positive Tinel's and Vallieux sign to percussion of tarsal tunnel. She received a steroid/lidocaine injection to the left tarsal tunnel. On 03/27/2014 it was noted that the injection did help about 50%, and she felt more comfortable walking, but the pain was returning. The treatment plan included a request for an EMG/NCV to evaluate for tarsal tunnel syndrome. A Request for Authorization dated 04/02/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369.

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

Decision rationale: The California ACOEM Guidelines note that there is no recommendation for or against the use of EMG for initial evaluation, diagnosis, or preoperative assessment of tarsal tunnel syndrome patients. Electromyography is not generally recommended, as there is no quality evidence demonstrating the utility of EMG in the diagnosis of tarsal tunnel syndrome. The guidelines do not support this request. Therefore, this request for EMG/NCV of the left ankle is not medically necessary.