

<b>Case Number:</b>	CM14-0067404		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/11/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 is a 63-year-old male who was injured on 09/11/2008. The mechanism of injury is unknown. The patient underwent subtalar redo fusion with bone graft and correction of hind foot deformity and Achilles tendon lengthening and peroneal tendon repair on 03/11/2013. Progress report dated 02/27/2014 states the patient presented with complaints of subtalar arthritis, deformity, subtalar joint with pain, tight Achilles tendon, forefoot flexibility, and mobility. On exam, he is able to go into a plantigrade position with neutral varus/valgus under the metatarsal of the hind foot. He has no evidence of infection or DVT. He is weak in his peroneal tendons. He is recommended for a heel counter to be placed on the Swiss balance boots on the left side and EMG/NCV study of the lower extremities. Prior utilization review dated 07/01/2014 states the requests for 1 EMG (Electromyography ) Of The Bilateral Lower Extremities With [REDACTED] and 1 NCS (Nerve conducting velocity ) Of The Bilateral Lower Extremities With [REDACTED] are not Medically necessary as there have been no recent findings that would warrant repeat studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 EMG (Electromyography) Of the Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. National Guidelines Clearing House.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg, and EMG.

**Decision rationale:** According to Official Disability Guidelines (ODG), lower extremity nerve conduction studies may be indicated in the evaluation of suspected lumbar radiculopathy. In this case a request is made for bilateral lower extremity EMG/NCS for this 63-year-old male injured on 9/11/98 with chronic left foot pain and weakness status post redo ankle fusion on 3/11/13. EMG/NCS is requested to evaluate a neurologic condition, but no specific suspected diagnosis is provided. The patient does not appear to have lumbar radicular complaints or findings. Chronic left foot weakness is noted but has been evaluated with several nerve conduction studies in the past, which were apparently normal. Documentation does not establish significant interval change with regard to the left foot suggestive of new onset neuropathy. Medical necessity is not established.

**1 NCS (Nerve Conducting Velocity) Of the Bilateral Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. National Guidelines Clearing House.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Leg, and NCV.

**Decision rationale:** According to ODG guidelines, lower extremity nerve conduction studies may be indicated in the evaluation of suspected lumbar radiculopathy. In this case a request is made for bilateral lower extremity EMG/NCS for a 63-year-old male injured on 9/11/98 with chronic left foot pain and weakness status post redo ankle fusion on 3/11/13. EMG/NCS is requested to evaluate a neurologic condition, but no specific suspected diagnosis is provided. The patient does not appear to have lumbar radicular complaints or findings. Chronic left foot weakness is noted but has been evaluated with several nerve conduction studies in the past, which were apparently normal. Documentation does not establish significant interval change with regard to the left foot suggestive of new onset neuropathy. Medical necessity is not established.