Case Number:	CM14-0082130		
Date Assigned:	07/21/2014	**Date of Injury:**	02/20/2013
Decision Date:	09/16/2014	**UR Denial Date:**	05/20/2014
Priority:	Standard	**Application Received:**	06/03/2014

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 35-year-old-male, who sustained industrial injury on 07/19/2012.At the time of injury, he was employed by [redacted] as an engineer and his line of work involved climbing ladders, kneeling, and using a saw. The patient states that as he was climbing a ladder, when he fell and he felt sudden onset of left ankle pain. The right ankle pain is localized to the deep medial ankle, currently, 5/10 in intensity. His main issue is actually tingling in the toes, since the injury. The pain quality is aching, sharp, and tingling, and has stablized after initially improving. Nocturnal pain is a major issue. Nothing aggravates the pain, and it can be random and sudden when the symptoms come. He also reports numbness, stiffness, and weakness. The toe tingling/numbness is annoying, but is not limiting in terms of working, at this time. Physical exam: ROM, passive dorsiflexion (hindfoot, neutral, knee extended): 15 degrees, active plantar flexion: 40 to 45 degrees, hindfoot ROM: normal, Active inversion: 45 to 50 degrees, no crepitus. Strength: dorsiflexion 5/5, plantar flexion 5/5, inversion 5/5, eversion, 5/5. Sensation: left lower extremity neurologically intact, no peripheral pattern of sensory loss, negative Tinel sign. Vascular exam: dorsalis pedis artery pulse 2+, posterior tibial artery pulse 2+, no edema, capillary refill normal, no varicosities. Gait: normal gait, 7 degrees hindfoot valgus bilaterally. Left ankle: Weightbearing AP, lateral, and mortise views of the ankle were obtained: Especially on the lateral view, a small articular incongruity is seen in the tibial plafond. No major arthritic changes. No malailgnment MRI dated 04/18/13 reveals distal tibia bone marrow edema to the medical malleolus with slight cortical irregularity to the tibial plafond. MRI dated 11/27/13 reveals improved bone marrow edema to the medial mole analyst.Assessment: Left traumatic arthropathy; Ankle and foot; Left pilon: fracture of ankle; unspecified, closed; Left late effect of fracture of lower extremities; Left other mononeuritis of lower limb. UR determination for Neurology consult w/ the physician for EMG/NCS left ankle: Denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consult w/ [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 - Independent medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: As per CA MTUS guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the injured worker has developed neuralgia in his left ankle / foot following an injury. Due to technical limitations of NCS at left ankle/foot for the diagnosis of neuritis, the request for NCS is not medically necessary. Similarly, EMG is only used to evlaute neurological disorders such as peripheral neuroapthy or radiculopathy or when muscle weakness is present, which are not the case here. Hence, the request for one neurology consultation to perfrom EMG/NCS is non-certified.

EMG/NCS left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 pain, EMG & NCS.

Decision rationale: As per ODG, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." According to the guidelines, following a course of conservative therapy, an EMG study may be useful to obtain unequivocal evidence of radiculopathy. There is no documentation of neurological deficits such as decreased reflexes, diminished sensation, or weakness in the left ankle / foot. There is no evidence of radiculopathy in this case. Furthermore, the request for NCS is not medically necessary due to technical limitations of NCS at left ankle/foot for the diagnosis of neuritis. Similarly, EMG is only used to evlaute neurological disorders such as peripheral neuroapthy or radiculopathy or when muscle weakness is present, which are not the case here. Thus, the medical necessity for EMG/NCS of the left ankle has not been established and the request is non-certified.