

Case Number:	CM14-0095256		
Date Assigned:	07/25/2014	Date of Injury:	06/09/2012
Decision Date:	10/01/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 41 year old female with a work injury dated 6/9/12. The diagnoses include chronic right knee pain and chronic right foot pain. Under consideration is a request for EMG lower right leg and physical therapy 2 times a week for 4 weeks. There is a primary treating physician report dated 5/22/14 that states that the patient returns stating that 2 weeks ago, she tripped, did not fall, but tweaked her right knee and she has had increase in her pain. Right now, her pain level is on average 7/10. Her right foot pain which is located in the bottom of the foot is at 4/10. Pain location in the right knee is just lateral and superior which is a little bit different than what she experienced before. She had x-rays done of the bilateral knees and they have checked out okay. She is continuing to work. She is on her feet all day long which is a challenge for her. On exam the bilateral thighs measured 55 cm on the right side, 57 cm on the left side. She had normal reflexes. Right lower extremity strength is generally weaker compared to the left side. She had palpatory tenderness at the bottom of the foot. Some sensory changes were noted in the ball and the bottom of the foot when compared to left side. The treatment plan states continue medications. There is a request for EMG/NCS of the right lower extremity due to persistent symptoms in the right foot and for physical therapy 2 times a week for 4 weeks to address her flare-up. She may require ACL repair in the right foot given her persistent pain. A 3/26/14 exam revealed ongoing tenderness to the right foot at Zone II, the arch as well as bilateral knees, which is generalized. No edema. No crepitus. Full range of motion. Imaging results include an MRI right knee, 08/01/2012 suspicious for tear of the ACL, and bone contusion. A CT, showed no fracture, minimal to mild medial joint space narrowing, and slight lateral subluxation of the patellofemoral joint. X-ray of the right knee, weight bearing, AP and

tunnel views done 03/20/2014 is negative. X-ray of the left knee, weight bearing, AP and tunnel views done 03/20/2014 are negative as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG lower right leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Nerve conduction studies (NCS); EMGs (electromyography

Decision rationale: The ACOEM Guidelines state that electrical studies for routine abnormalities of the foot and ankle, without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, is not medically necessary. Guidelines state that electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The documentation submitted is not clear on why an electrodiagnostic study is needed. There are 2 office visits submitted for review. The March 2014 visit does not reveal evidence of neurologic dysfunction requiring an electrodiagnostic study. The most recent documentation in May of 2014 reveals some nonspecific sensory changes on the ball of the patient's foot. The patient is said to have recently had a new injury and also now has knee pain. An electrodiagnostic study would not be indicated at this time without consistent evidence of neurologic abnormalities on a physical exam. The patient on physical exam does not have symptoms of radiculitis or specific entrapment/compression neuropathy. As such, the request is not medically necessary.

Physical Therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient has had an injury in 2012. It is unclear how much therapy she has had in the past and the outcome of this therapy. The request does not indicate which body part the therapy is for. It is unclear why the patient cannot participate in a home exercise program. The request for physical therapy 2 times a week for 4 weeks is not medically necessary.