

Case Number:	CM13-0028835		
Date Assigned:	11/01/2013	Date of Injury:	03/22/2013
Decision Date:	03/04/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male who suffered an industrial related injury on 3/22/13. A physician's report dated 4/1/13 noted the injured worker suffered an injury to his leg after an electrical pallet jack failed to stop. The diagnosis was noted to be a crush injury of the left ankle and foot. The injured worker had complaints of pain, stiffness, and hypersensitivity in the left ankle, foot and leg. A physician's report dated 8/8/13 noted the injured worker had complaints of radiating pain in his left leg, left heel weakness and instability. The injured worker had difficulty sitting and reaching due to pain in his heel, knee, and leg. He had complaints of weakness and instability in his left heel with swelling and locking in his left foot. Physical examination findings included numbness and tingling in the left foot. The motor examination revealed 4/5 strength in the hallucislongus. Bilateral knee decreased flexion was noted. Ecchymosis and swelling in the left foot and ankle was noted. All special tests were negative except positive McMurray's test on left side. Patient has received an unspecified number of PT and acupuncture visits for this injury. The patient has had MRI of the left foot and left ankle and X-rays for this injury. The medication list include Norco, Naproxen, Tylenol and Gabapentin. He had used crutch for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING X 12 LEFT FOOT/ANKLE/KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) Work conditioning, work hardening, page Page 125-126.

Decision rationale: Per the CA MTUS guidelines cited below, '10 visits over 8 weeks' of work conditioning are recommended in the appropriate pt. A work-related musculoskeletal deficit that precludes the ability to safely achieve current job demands was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. Per the records provided, the patient has received an unspecified number of PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Any such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. The 12 requested visits of work conditioning also exceed the number of visits recommended by the cited guidelines. The medical necessity of the request for WORK CONDITIONING X 12 LEFT FOOT/ANKLE/KNEE is not fully established in this patient.

EMG LEFT LOWER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, '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.' Per the ACOEM guidelines cited below, 'For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.' The diagnosis was noted to be a crush injury of the left ankle and foot. A physician's report dated 8/8/13 noted the injured worker had complaints of radiating pain in his left leg, left heel weakness and instability. The injured worker had difficulty sitting and reaching due to pain in his heel, knee, and leg. He had complaints of weakness and instability in his left heel with swelling and locking in his left foot. Physical examination

findings included numbness and tingling in the left foot. The motor examination revealed 4/5 strength in the hallucislongus . Ecchymosis and swelling in the left foot and ankle was noted. Patient has received PT and acupuncture visits for this injury. He has had conservative treatment. The patient has had MRI of the left foot and left ankle and X-rays for this injury. The pt has persistent neurological symptoms in the left lower extremity including tingling, numbness and weakness. Therefore electrodiagnostic studies of the left lower extremity are medically appropriate and necessary. The request of EMG LEFT LOWER EXTREMITY is medically necessary and appropriate in this patient to further evaluate the neurological symptoms and signs.

NCV LEFT LOWER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Page 303-304.

Decision rationale: Per ACOEM chapter 12 guidelines, '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.' Per the ACOEM guidelines cited below, 'For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks.' The diagnosis was noted to be a crush injury of the left ankle and foot. A physician's report dated 8/8/13 noted the injured worker had complaints of radiating pain in his left leg, left heel weakness and instability. The injured worker had difficulty sitting and reaching due to pain in his heel, knee, and leg. He had complaints of weakness and instability in his left heel with swelling and locking in his left foot. Physical examination findings included numbness and tingling in the left foot. The motor examination revealed 4/5 strength in the hallucislongus. Ecchymosis and swelling in the left foot and ankle was noted. Patient has received PT and acupuncture visits for this injury. He has had conservative treatment. The patient has had MRI of the left foot and left ankle and X-rays for this injury. The pt has persistent neurological symptoms in the left lower extremity including tingling, numbness and weakness. Therefore electrodiagnostic studies of the left lower extremity are medically appropriate and necessary. The request of NCV LEFT LOWER EXTREMITY is medically necessary and appropriate in this patient to further evaluate the neurological symptoms and signs.