

Case Number:	CM14-0191312		
Date Assigned:	01/12/2015	Date of Injury:	07/02/2014
Decision Date:	02/23/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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 57 year old female patient who sustained a work related injury on 7/2/14. The patient sustained the injury due to continuous trauma. The current diagnoses include chronic plantar fasciitis right and spur on the calcaneus. Per the doctor's note dated 12/22/14, patient has complaints of mild to moderate constant pain in the right plantar heel on weight bearing at 7/10. Physical examination of the lower extremity revealed pain on compression of the medial plantar calcaneal tubercle on the right, limited range of motion 4/4 strength and normal sensation. The current medication list includes Prednisone, tramadol, Cyclobenzaprine, and Ondansetron. The patient has had MRI that showed muscle atrophy that may be due to tarsal tunnel syndrome; an EMG/NCV study that was negative for nerve entrapment; MRI dated 12/23/11 that revealed inflammatory changes in the plantar fascia; X-rays were taken that revealed a prominent heel spur on the calcaneus. The patient underwent rotator cuff surgery in 2003, surgery for ovarian cyst in 1987, and surgery for pterygium in 1977. She had received corticosteroid injections. The patient has received an unspecified number of PT visits for this injury. The patient has used custom modified foot arthrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 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 patient has had MRI that showed muscle atrophy that may be due to tarsal tunnel syndrome; an EMG/NCV study that was negative for nerve entrapment; MRI dated 12/23/11 that revealed inflammatory changes in the plantar fascia; X-rays were taken that revealed a prominent heel spur on the calcaneus. Any significant changes in objective physical examination findings since the last EMG that would require a repeat EMG study were not specified in the records provided. Detailed history and duration of signs/symptoms of the tingling and numbness was not specified in the records provided. There was no objective evidence of significant radicular signs or symptoms in the bilateral lower extremities that was specified in the records provided. The medical records provided did not specify any evidence of lower extremity radiculopathy. Patient did not have any complaints of radiating pain to the lower extremities. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A detailed response to a complete course of conservative therapy including PT visits was not specified in the records provided. Previous PT visit notes were not specified in the records provided. The medical necessity of the request for EMG/NCV Bilateral Lower Extremities is not fully established for this patient.

Podiatry Referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, pg. 127: Consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited 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." The current diagnoses include chronic plantar fasciitis right and spur on the calcaneus. Per the doctor's note dated 12/22/14, patient has complaints of mild to moderate constant pain in the right plantar heel

on weight bearing at 7/10. Physical examination of the lower extremity revealed pain on compression of the medial plantar calcaneal tubercle on the right. A previous MRI in 2011 revealed inflammatory changes in the plantar fascia; X-rays were taken that revealed a prominent heel spur on the calcaneus. The injured worker has significant objective evidence of chronic foot pathology. The referral for Podiatrist is deemed medically appropriate and necessary in this patient.

Meds (unspecified): 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 Opioids, criteria for use, Cyclobenzaprine (Flexeril), NSAIDs, GI symptoms & cardiovascular ri.

Decision rationale: The detailed list of the medications requested was not specified in the records provided. The dose and duration of the requested medications was not specified in the records provided. The rationale for prescribing medications was not specified in the records provided. The request for Meds (unspecified) is not medically necessary.