

Case Number:	CM14-0085972		
Date Assigned:	07/23/2014	Date of Injury:	06/18/2013
Decision Date:	01/26/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/09/2014

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 Rehab, has a subspecialty in Interventional spine, 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 66-year-old male with date of injury of 06/18/2013. The listed diagnoses from 03/12/2014 are: 1. Status post open reduction and internal fixation of the left medial malleolus/tibia 2. Non-union medial malleolar fracture with displacement 3. Painful gait 4. Status post removal of fixation of the left fibula According to this report, the patient is still ambulating with the use of a walker. He is doing "very well." The patient demonstrates no significant pain or abnormality. He is eagerly anticipating returning to regular shoe gear which was provided. The examination shows a well-heeled incision in the left ankle secondary to surgery. All epioritic sensations are intact and symmetric bilaterally. Deep tendon reflexes for the Achilles and patellar tendons are 2+/4 bilaterally. No other neurologic deficits were noted. Muscle strength testing is within normal limits. Range of motion is within normal limits. Treatment reports from 11/06/2013 to 04/23/2014 were provided for review. The utilization review denied the request on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter on EMG and NCV

Decision rationale: This patient presents with left ankle/foot pain. The patient is status post removal of fixation of the left fibula, open reduction and internal fixation of the left medial malleolus/tibia from 01/24/2014. The treater is requesting an EMG OF THE BILATERAL LOWER EXTREMITIES. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous EMG of the bilateral lower extremities. The report making the request is missing. The 04/23/2014 report shows that the patient continues to improve, but notes the same level of discomfort. The patient remains TTD. There is no discussion of electrodiagnostic studies. In the case, the patient does not present with radiating symptoms and the examination does not show any neurological and sensory deficits. The request IS NOT medically necessary.

NCS of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter on EMG and NCV

Decision rationale: This patient presents with left ankle/foot pain. The patient is status post removal of fixation of the left fibula, open reduction and internal fixation of the left medial malleolus/tibia from 01/24/2014. The treater is requesting an NCS OF THE BILATERAL LOWER EXTREMITIES. The ACOEM Guidelines page 303 states that electromyography (EMG) including H-reflex test may be useful to identify subtle focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. In addition, ODG does not recommend NCV. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The systemic review and meta-analysis demonstrated neurological testing procedures have limited overall diagnostic accuracy in detecting disk herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/NCS often have low combined sensitivity and specificity in confirming root injury. The records do not show any previous NCS of the bilateral lower extremities. The report making the request is missing. The 04/23/2014 report shows that the patient continues to improve, but notes the same level of discomfort. The patient remains TTD. There is no discussion of electrodiagnostic studies. In the case, the patient does not present with

radiating symptoms and the examination does not show any neurological and sensory deficits.
The request IS NOT medically necessary.