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| <b>Case Number:</b>   | CM15-0004794 |                              |            |
| <b>Date Assigned:</b> | 01/16/2015   | <b>Date of Injury:</b>       | 11/19/2010 |
| <b>Decision Date:</b> | 03/12/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/09/2015 |

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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's chief complaint was numbness and tingling in the right low extremity. The injured worker was diagnosed with right foot fasciitis, right ankle sprain/strain, status post right posterior tibial tendon repair. The injured worker was treated with right foot surgery for posterior tibial tendon repair. On August 22, 2014, the primary treating physician was requesting electromyography and nerve conduction studies due to right lower extremity with symptoms of numbness and tingling. On December 17, 2014, the UR denied authorization for electromyography and nerve conduction studies. The denial was based on the MTUS ACOEM Guidelines for Low Back Complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/nerve conduction velocity studies of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, EMGs

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV to the right lower extremity is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured worker's working diagnoses are status post foot surgery including exploration of posterior tibial tendon, performed 2011 (exact procedure unknown); bilateral plantar fasciitis; and bilateral ankle sprain/strain. Subjectively, the worker complains of bilateral foot pain. Objectively, the feet have a 6 cm well-healed surgical scar on the right medial side of the ankle (bilaterally) there is moderate to severe hyper from nation noted bilaterally. Tenet is to help patient is present over the medial and lateral joint complexes. Neurologically sensation to pinprick of light such as decreased in the right plantar fascia in all toes. Sensation to pinprick of light touch on the left is intact. Motor strength is 5/5 in the bilateral lower extremities. Deep tendon reflexes are 2+ bilaterally. The documentation in the diagnosis section of the progress note (doctor's first report of illness) dated August 22, 2014 does not contain radiculopathy. Subjectively there are no complaints of radiculopathy in the lower extremity. On objective examination there a sensation to pinprick of light touch decreased in the plantar fascia in all toes (bilaterally). There is no objective evidence of radiculopathy. The plan indicates an EMG/NCV of the right lower extremity due to symptoms of numbness and tingling. The subjective and objective sections do not contain evidence of numbness and tingling and, as noted above, no evidence of radicular discomfort. Additionally, there is no clinical rationale matching the symptoms and signs for an EMG/NCV. Consequently, absent clinical documentation of radiculopathy or neuropathy, EMG/NCV is not medically necessary.