

Case Number:	CM15-0004971		
Date Assigned:	01/16/2015	Date of Injury:	03/28/2008
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	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: Arizona, 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 3/28/2008. The diagnoses have included status post right ankle surgery on 5/22/2013, stent placement hardware x6, most recently in February 2014, and mechanical back pain and lumbar strain. Treatment to date has included surgical intervention and conservative treatments. Currently, the injured worker complains of pain in the right foot and ankle, aggravated with prolonged walking, and low back pain due to antalgic gait. The right ankle showed tenderness to the plantar fascial attachment to the calcaneus and the Achilles tendon attachment to the calcaneus. A magnetic resonance imaging of the right foot, dated 7/10/2014, noted os naviculare, and was otherwise unremarkable. Electromyogram and nerve conduction study was performed on 1/22/2014, was suggestive of early neuropathy (diabetic). Updated study was requested to further evaluate for nerve injury. On 12/10/2014, Utilization Review non-certified a request for bilateral lower extremity electromyogram and nerve conduction study, citing ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Electromyography Section

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the guidelines, an EMG is not recommended for obvious radiculopathy. It can be use to clarify nerve root dysfunction. In this case, the claimant had already received an EMG/NCV in January 2014 indicating neuropathy in the sural nerve distribution. There is no indication of a new injury on information derived from additional electrodiagnostic studies to indicate this would change plan of care or furture intervention. The request fro EMG/NCV is not medically necessary.