Case Number:	CM15-0107390		
Date Assigned:	06/11/2015	**Date of Injury:**	12/30/2013
Decision Date:	07/13/2015	**UR Denial Date:**	05/13/2015
Priority:	Standard	**Application Received:**	06/03/2015

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 is a 55 year old female, who sustained an industrial injury on 12/30/2013. Diagnoses include ankle sprain. Treatment to date has included surgical intervention (11/13/2014 left ankle arthroscopy), physical therapy and icing. Per the Primary Treating Physician's Progress Report dated 4/17/2015, the injured worker reported numbness in the left lesser toes and discomfort in the anterior left ankle. She has pain daily. Physical examination revealed improved range of motion but there was still restriction in the left ankle with dorsiflexion. She has completed 12 sessions of physical therapy. There was tenderness in the deep peroneal nerve. She was temporarily totally disabled. The plan of care included, and authorization was requested for NCS (nerve conduction studies).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve conduction study: 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 - Electromyography (EMG) and Nerve conduction studies (NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, lower extremity nerve conduction study (NCS) is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnosis is ankle sprain. A progress note dated May 26, 2015 shows the injured worker sustained a left ankle injury and underwent a left ankle subtalar arthroscopy. The injured worker has ongoing pain with nerve like symptoms. Objectively, sensory examination is normal to light touch and pinprick. There are no other neurologic findings present. There are no subjective neurologic findings in the medical record. There are no objective neurologic findings in the medical record. There is no clinical indication or rationale in the medical record for a lower extremity left nerve conduction velocity study. Consequently, absent clinical documentation with the clinical indication and rationale for a lower extremity nerve conduction velocity study, lower extremity nerve conduction study (NCS) is not medically necessary.