

<b>Case Number:</b>	CM15-0133634		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for foot and ankle pain reportedly associated with an industrial burn injury of January 30, 2015. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy and electrodiagnostic testing of the bilateral lower extremities. The claims administrator contended that the applicant had had earlier unspecified amounts of physical therapy, the response to which had reportedly not been documented. The claims administrator then stated that it was denying the electrodiagnostic testing on the grounds that there was no evidence that the applicant had failed to respond to conservative treatment. The claims administrator referenced a May 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported complaints of right and left foot pain with associated paresthesias, 2/10, exacerbated by sitting, standing, and walking. Erythema about both feet associated with the burns was appreciated. Hypersensitivity to touch was also evident. Electrodiagnostic testing and wound desensitization were endorsed. Work restrictions were issued. A functional capacity evaluation was sought. The applicant was asked to discontinue physical therapy. It was not clearly stated whether the applicant was or was not working with limitations in place. On May 27, 2015, the applicant reported 2-3/10 foot pain with associated paresthesias, exacerbated by sitting, standing, and walking. Pins and needles sensations were reported. The applicant apparently exhibited visible residuals of the burns on inspection, it was reported. Wound desensitization, eight sessions of physical therapy, electrodiagnostic testing, and work restrictions were endorsed. Once again, it

was not stated whether the applicant was or was not working. The applicant's response to earlier therapy was likewise not detailed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy Evaluation & Treatment, 8 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Burns chapter; Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** The request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for neuralgia and neuritis of various body parts, i.e., the operating diagnosis present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy which clearly states treatment goals. Here, however, the May 27, 2015 progress note at issue was thinly and sparsely developed. Clear treatment goals for further therapy, going forward, were not outlined. The applicant's response to earlier treatment was likewise not clearly detailed. It was not clearly stated whether the applicant was or was not working with limitations imposed on the May 27, 2015 progress note at issue. The applicant's gait, medication list, and other markers of functional status set forth in MTUS 9792.20e were likewise not clearly described, detailed, or characterized via the May 27, 2015 progress note at issue. Therefore, the request was not medically necessary.

#### **EMG (electromyography)/NCV (nerve conduction velocity) Bilateral Lower Extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Electrodiagnostic studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 848.

**Decision rationale:** Conversely, the request for electrodiagnostic testing of bilateral lower extremities was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 notes that electrical studies are not recommended for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies, here, however, the applicant's continued complaints of lower extremity paresthesias with pins and needles sensation with associated hypersensitivity to touch about both feet status post an industrial burn injury of January 30, 2015 was, in fact, suggestive of a burn-induced neuropathy. The Third Edition ACOEM Guidelines Chronic Pain Chapter also notes that nerve conduction studies are recommended when there is a peripheral entrapment neuropathy which has not responded to treatment. Here, the applicant had in fact, failed to respond to several months of conservative treatment to include time, medications, observation, physical therapy, work restrictions, etc. Continued complaints of lower extremity pain and paresthesias were evident as of the May 27, 2015 progress note at issue. Obtaining the electrodiagnostic testing at issue, thus, was indicated to delineate the presence or absence of a burn-induced peripheral neuropathy. Therefore, the request was medically necessary.