

<b>Case Number:</b>	CM15-0135883		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, 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 58 year old male, who sustained an industrial injury on October 17, 2014. He reported an injury to his right foot. The injured worker's past medical history is significant for diabetes. Treatment to date has included diagnostic imaging, NSAIDS, and physical therapy. Currently, the injured worker complains of pain in his right foot and toes. He notes that there is no significant improvement in his symptoms since his previous evaluation. On physical examination the injured worker has swelling and a well-healed scar over the dorsum of his right foot. A deformity about the right foot was noted and he had tenderness to palpation over the dorsum of the right foot. His sensory evaluation revealed reduced sensation in the right foot. A CT of the right foot on April 6, 2015 revealed a partial Lisfranc fracture dislocation, comminuted mildly displaced fractures of the second and third cuneiforms, cuboid and bases of the second, third and fourth metatarsals, extensive soft tissue swelling and edema and plantar calcaneal heel spur. The diagnosis associated with the request is crush of the foot. The treatment plan includes continued physical therapy, Naproxen Sodium, and follow-up evaluation. Per the note dated 5/12/15 the patient had complaints of pain in neck and thoracic region at 3-5/10 with radiation in head, Physical examination of the neck and upper back limited range of motion, 5/5 strength and normal reflexes. The patient sustained the injury when a heavy metal fell on his foot. The medication list include Naproxen and Metformin. The past medical history include DM. The patient had received an unspecified number of the PT visits for this injury Per the note dated 6/4/15 the patient had complaints of pain in right foot and toe. Physical examination of the ankle and feet revealed tenderness on palpation, limited range of motion, decreased sensation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **EMG of the right lower extremity, QTY: 1.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute & Chronic), EMGs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** EMG of the right lower extremity, QTY: 1.00. Per ACOEM chapter 12 guidelines, Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. Per the ACOEM guidelines cited below, For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The injured worker's past medical history is significant for diabetes. Currently, the injured worker complains of pain in his right foot and toes. He notes that there is no significant improvement in his symptoms since his previous evaluation. On physical examination the injured worker has swelling and a well-healed scar over the dorsum of his right foot. A deformity about the right foot was noted and he had tenderness to palpation over the dorsum of the right foot. His sensory evaluation revealed reduced sensation in the right foot. A CT of the right foot on April 6, 2015 revealed a partial Lisfranc fracture dislocation, comminuted mildly displaced fractures of the second and third cuneiforms, cuboid and bases of the second, third and fourth metatarsals, extensive soft tissue swelling and edema and planta calcaneal heel spur. The diagnosis associated with the request is crush of the foot. The patient had received an unspecified number of the PT visits for this injury. Per the note dated 6/4/15 the patient had complaints of pain in right foot and toe. Physical examination of the ankle and feet revealed tenderness on palpation, limited range of motion, decreased sensation. He has already had conservative treatment. He also has diabetes. Some of the symptoms are still present. The request of EMG of the right lower extremity, QTY: 1.00 is medically necessary and appropriate in this patient to further evaluate the neurological symptoms and to diagnose possible neuropathy or nerve damage.