

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0148982 |                              |            |
| <b>Date Assigned:</b> | 08/12/2015   | <b>Date of Injury:</b>       | 05/07/2014 |
| <b>Decision Date:</b> | 09/14/2015   | <b>UR Denial Date:</b>       | 07/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/31/2015 |

### 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:

This is a 52 year old female patient, who sustained an industrial injury on 5-07-2014. She reported having her feet and legs smashed between two tables. The diagnoses include left ankle sprain-strain, left Achilles tendinitis, right ankle sprain-strain, right Achilles tendinitis, right ankle contusion, bilateral calf strain, heel spur of bilateral feet, and bilateral plantar fasciitis. Per the doctor's note dated 7/14/2015, she had complains of left ankle pain, numbness and cramping, radiating to the leg, right ankle pain and weakness radiating to the leg, with numbness and cramping. Pain was rated 9 out of 10. The physical examination revealed globally decreased sensation in the right lower extremity, Motor strength 5+ of 5 bilaterally in the lower extremities, Deep tendon reflexes normal and equal bilaterally, Bilateral ankle range of motion decreased and painful, tenderness to palpation of the left lateral ankle and anterior drawer caused pain, tenderness to palpation of the right lateral ankle and lateral malleolus, both anterior and posterior drawer tests caused pain on the right, tenderness to palpation of the bilateral calf muscles. The medications list includes ibuprofen and omeprazole. She remained off work. She has undergone right arm surgery. She has had EMG/NCS upper extremities on 2/20/15 with normal findings. Treatment to date has included diagnostics, acupuncture, chiropractic, physical therapy, and medications. The treatment plan included electromyogram and nerve conduction studies of the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV of bilateral lower extremities:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): EMGs (electromyography) and Nerve conduction studies (NCS).

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

**Decision rationale:** 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 records provided patient has history of crush injury and has chronic bilateral ankle pain with numbness and weakness. Patient had abnormal neurological findings on physical examination in the lower extremity- globally decreased sensation in the right lower extremity. Patient has tried medications and physical therapy visits. The request for EMG/NCV of bilateral lower extremities is medically appropriate and necessary for this patient at this time to evaluate the lower extremity neurological symptoms.