

Case Number:	CM15-0185663		
Date Assigned:	09/25/2015	Date of Injury:	05/12/2015
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31 year old male sustained an industrial injury on 5-12-15. Documentation indicated that the injured worker was receiving treatment for a left foot crush injury. Previous treatment included rest, injections and medications. Magnetic resonance imaging left foot (6-16-15) showed abductor hallucis brevis muscle strain, peroneus longus sprain, peroneal tenosynovitis, edema in the metatarsals compatible with microtrabecular fracture, degenerative changes and edema. In an initial orthopedic evaluation dated 7-20-15, the injured worker complained of intermittent left foot pain, rated 2-4 out of 10, associated with weakness, numbness, tingling, giving way and swelling. The injured worker reported that the pain was worse when straining, standing and walking. The injured worker stated that his activities of daily living were "severely" affected due to pain. Physical exam was remarkable for tenderness to palpation to light touch on the top and bottom of the left foot, with 3 out of 5 strength with range of motion, "restricted" range of motion due to pain and swelling with dorsiflexion 1-degrees, plantar flexion 25 degrees, inversion 20 degrees and eversion 10 degrees. The treatment plan included requesting authorization for computed tomography and electromyography and nerve conduction velocity test of the left foot and ankle due to continued pain. On 9-11-15, Utilization Review noncertified a request for computed tomography of the left ankle and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT (computed tomography) of the left ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot - Computed tomography (CT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Computed tomography (CT).

Decision rationale: The claimant sustained a crush injury in May 2015 when a forklift drove over both feet. He sustained an injury to the left foot. He was seen by the requesting provider on 07/20/15. Prior evaluations had included an x-ray of the feet on 05/13/15 and MRI on 06/16/15. The results were not available or reviewed. He was having intermittent foot pain with weakness, numbness, tingling, and giving way, and swelling. He was having occasional right foot pain. Physical examination findings included use of crutches. There was swelling with tenderness even with light touch over the top and bottom of his left foot. There were burn wounds that were healing. There was decreased strength with decreased range of motion due to pain and swelling. The assessment references a question of CRPS and obtaining the MRI report. Authorization for a CT scan and left EMG/NCS testing are being requested. A CT scan of the ankle provides excellent visualization of bone and can be used to further evaluate bony masses and suspected fractures not clearly identified on x-rays. In this case, the claimant had undergone x-ray and MRI testing and these tests were not reviewed. Requesting a CT scan without reviewing the claimant's prior test results including the MRI done a little over one month before was not appropriate and is not considered medically necessary.

EMG/NCV (electromyography/nerve conduction velocity) of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Electrodiagnostic testing (EMG-NCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a crush injury in May 2015 when a forklift drove over both feet. He sustained an injury to the left foot. He was seen by the requesting provider on 07/20/15. Prior evaluations had included an x-ray of the feet on 05/13/15 and MRI on 06/16/15. The results were not available or reviewed. He was having intermittent foot pain with weakness, numbness, tingling, and giving way, and swelling. He was having occasional right foot pain. Physical examination findings included use of crutches. There was swelling with tenderness even with light touch over the top and bottom of his left foot. There were burn wounds that were healing. There was decreased strength with decreased range of motion due to pain and swelling.

The assessment references a question of CRPS and obtaining the MRI report. Authorization for a CT scan and left EMG/NCS testing are being requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression. There is no documented neurological examination that would support the need for either an EMG or NCS of the left foot. This request is not medically necessary.