Case Number:	CM15-0188726		
Date Assigned:	09/30/2015	**Date of Injury:**	12/24/2014
Decision Date:	11/16/2015	**UR Denial Date:**	09/17/2015
Priority:	Standard	**Application Received:**	09/25/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on 12-24-14. The injured worker was diagnosed as having left foot status post trauma with fracture and leg length discrepancy. Medical records (6-17-15 through 7-29-15) indicated 4 out of 10 left foot pain and difficulty walking. Treatment to date has included a left foot and left ankle CT scan on 7-7-15 showing no acute fracture or dislocation, physical therapy (number of sessions not provided), Flexeril, Motrin and Prilosec. As of the PR2 dated 9-9-15, the injured worker reports persistent left foot pain and difficulty with walking. The physical findings included left foot tenderness over the dorsum and tarsus bones and left knee range of motion painful. The treating physician requested a left foot MRI, a left knee MRI and an EMG-NCS of the bilateral lower extremities. On 9-9-15 the treating physician requested a Utilization Review for a urine drug screen, a left foot MRI, a left knee MRI and an EMG-NCS of the bilateral lower extremities. The Utilization Review dated 9-17-15, non-certified the request for a left foot MRI, a left knee MRI and an EMG-NCS of the bilateral lower extremities. The urine drug screen was not requested on the IMR application.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left foot: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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 Chapter under Magnetic resonance imaging.

Decision rationale: The patient presents with persistent LEFT foot pain. The request is for MRI OF LEFT FOOT. The request for authorization is dated 09/09/15. CT of the LEFT foot, 07/07/15, shows no acute fracture or dislocation. Physical examination reveals LEFT foot tenderness over dorsum and tarsus bones. LEFT knee tender with painful range of motion. Minimal help with physical therapy. Patient is to continue HEP. Patient's medications include Flexeril, Motrin, and Prilosec. Per progress report dated 09/09/15, the patient is TTD. ODG Guidelines, Ankle & Foot Chapter under Magnetic resonance imaging (MRI) Section states: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The guidelines also state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Treater does not discuss the request. The patient continues to have LEFT foot pain despite conservative care. Review of provided medical records show no evidence of a prior MRI of the LEFT foot. ODG guidelines supports imaging due to chronic foot pain. The request appears reasonable and within guidelines indication. Therefore, the request IS medically necessary.

MRI of left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under MRI's.

Decision rationale: The patient presents with persistent LEFT foot pain. The request is for MRI OF LEFT KNEE. The request for authorization is dated 09/09/15. CT of the LEFT foot, 07/07/15, shows no acute fracture or dislocation. Physical examination reveals LEFT foot tenderness over dorsum and tarsus bones. LEFT knee tender with painful range of motion. Minimal help with physical therapy. Patient is to continue HEP. Patient's medications include Flexeril, Motrin, and Prilosec. Per progress report dated 09/09/15, the patient is TTD. ACOEM Guidelines Chapter 13 on the Knee, pages 341 and 342 on MRI of the knee, states that special studies are not needed to evaluate post knee complaints until after a period of conservative care and observation. Mostly, problems improve quickly once any of the chronic issues are ruled out.

For patients with significant hemarthrosis and history of acute trauma, radiography is indicated to evaluate their fracture. ODG Guidelines, Knee and Leg Chapter under MRI's (magnetic resonance imaging) states: "Indications for imaging - MRI (magnetic resonance imaging):- Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011)" Treater does not discuss the request. Review of provided medical records show no evidence of a prior MRI of the LEFT knee. Physical examination of the LEFT knee reveals tenderness with painful range of motion. However, treater does not discuss or document significant trauma or suspicion of "internal derangement" to warrant an MRI LEFT Knee. Therefore, the request IS NOT medically necessary.

Electromyography/Nerve Conduction Study of bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004.

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 - Lumbar & Thoracic (Acute & Chronic) Chapter, under EMGs.

Decision rationale: The patient presents with persistent LEFT foot pain. The request is for Electromyography/Nerve Conduction Study of bilateral lower extremities. The request for authorization is dated 09/09/15. CT of the LEFT foot, 07/07/15, shows no acute fracture or dislocation. Physical examination reveals LEFT foot tenderness over dorsum and tarsus bones. LEFT knee tender with painful range of motion. Minimal help with physical therapy. Patient is to continue HEP. Patient's medications include Flexeril, Motrin, and Prilosec. Per progress report dated 09/09/15, the patient is TTD. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under EMGs (electromyography) Section states, "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under Nerve conduction studies (NCS) Section states, "Not recommended. There is minimal justification for performing nerve conduction studies when a

patient is presumed to have symptoms on the basis of radiculopathy. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Treater does not discuss the request. The patient continues with LEFT foot and LEFT knee pain. Given the patient's lower extremity symptoms, EMG/NCS study would appear reasonable. Review of provided medical records show no evidence of a prior EMG/NCS study. However, the patient's symptoms are only in the LEFT side and not bilaterally. Furthermore, there is lack of neurologic deficits to warrant an EMG/NCS study. Therefore, the request IS NOT medically necessary.