

Case Number:	CM15-0198490		
Date Assigned:	10/13/2015	Date of Injury:	05/16/2013
Decision Date:	12/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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: 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:

This injured worker is a 33 year old female who reported an industrial injury on 5-16-2013. Her diagnoses, and or impressions, were noted to include: left ankle injury-strain, status-post tendon repair. No imaging studies were noted. Her treatments were noted to include: reported magnetic resonance imaging noting full-thickness longitudinal tear of the retro-malleolar portion of the peroneus brevis tendon; transfer of care from pain management to podiatry in Feb., 2015; and rest from work. The podiatry progress notes of 5-7-2015 noted a transfer of care to the neurologist. The neurology progress notes of 7-10-2015 reported a plan to obtain electromyogram and nerve conduction studies to document any nerve injury, thought unlikely, and if they revealed negative findings then she would return to the care of her podiatrist for focused treatment on her tendon tear. The neurology progress notes of 9-4-2015 noted: a follow-up visit from 8-7-2015, with reports of no change in symptoms; occasional pain and swelling in the left ankle, mostly with prolonged standing; occasional numbness in the left foot; and that the request for electromyogram and nerve conduction velocity studies had been denied. The objective findings were noted to include: no signs of distress and no abnormal findings; also that without the requested electromyogram and nerve conduction velocity studies, nerve injury could not be reliably ruled-out. The physician's requests for treatment were noted to include a re-submission of request for electromyogram and nerve conduction velocity studies. In July '15 there was noted to be possible loss of sensation in the lateral left sural nerve distribution, but this did not persist with follow up visits. The Request for Authorization, dated 9-4-2015, was noted for electromyogram and nerve conduction velocity studies of the bilateral lower extremities. The

Utilization Review of 9-18-2015 non-certified the request for electromyogram and nerve conduction velocity 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 Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostics.

Decision rationale: MTUS Guidelines have specific standards of evaluation to justify medical testing. These standards are not met in this individual. There is no examination of the right lower extremity and there is no justification given for the need for comparison studies. MTUS Guidelines do not address electrodiagnostic studies for the ankle and foot, but the same principles would apply for testing of the spine i.e. there should be persistent neurological deficits to justify this type of testing. Electrodiagnostics do not measure pain. Also the nerve on the left that had some sensory changes many months ago does not have a motor function and EMG studies would not be helpful. The right left lower extremity EMG is not medically necessary.

EMG Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostics.

Decision rationale: MTUS Guidelines have specific standards of evaluation to justify medical testing. These standards are not met in this individual. MTUS Guidelines do not address electrodiagnostic studies for the ankle and foot, but the same principles would apply for testing of the spine i.e. there should be persistent neurological deficits to justify this type of testing. Electrodiagnostics cannot measure pain and there are no persistent neurological deficits. Strength and sensation are currently intact and the left sural nerve has no motor function which is what EMG studies measure. The EMG left lower extremity is not medically necessary.

NCV Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/electrodiagnostics.

Decision rationale: MTUS Guidelines do not address the specific issue of electrodiagnostics in the ankle and foot, but the same principles would apply as for the spine which is discussed MTUS Guidelines with additional detail in ODG Guidelines. The Guidelines recommend that there should be persistent neurological deficits to support such testing. There is no examination of the right lower extremity and there is no documented need for comparison studies. There were questionable sensory changes in the left sural nerve, but this has improved over time. Without the need for left sided electrodiagnostic testing the medical necessity for right sided testing is not justified. The NCV right lower extremity is not medically necessary.

NCV Left Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Electrodiagnostics and Other Medical Treatment Guidelines <http://emedicine.medscape.com/article/83135-overview>.

Decision rationale: MTUS Guidelines do not address the specific issue of electrodiagnostics in the ankle and foot, but the same principles would apply as for the spine which is discussed MTUS Guidelines with additional detail in ODG Guidelines. The Guidelines recommend that there should be persistent neurological deficits to support such testing. There were questionable sensory changes in the left Sural nerve on a previous examination, but this has improved over time. Standard diagnostic testing calls for a diagnostic nerve block and not electrodiagnostics if this nerve is thought to be generating pain. There are no unusual circumstances to justify an exception to general Guideline recommendations or standard textbook/review article recommendations. The NCV left lower extremity is not medically necessary.