

Case Number:	CM15-0199726		
Date Assigned:	10/14/2015	Date of Injury:	11/05/2014
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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 injured worker is a 48 year old female, who sustained an industrial injury on 11-05-2014. The injured worker was diagnosed as having rule out tarsal tunnel syndrome and right ankle sprain. On medical records dated 09-01-2015 and 07-21-2015 the subjective complaints were noted as right ankle and foot pain, weakness, numbness and tingling. Pain level was rated 8 out of 10. Objective findings were noted as tenderness along the course of the tarsal tunnel nerve. Range of motion was within normal limits. Treatments to date included physical therapy (completed 8 sessions as of 08-18-2015), home exercises, anti-inflammatory medication, ankle-foot support and activity modification. The injured worker was noted to be on modified work. MRI of right foot without contrast dated 05-21-2015 revealed an unremarkable MRI of the right foot. No evidence of prior EMG-NCV was present. Current medications were not listed on 09-01-2015. The Utilization Review (UR) was dated 09-28-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Electromyography (EMG) / Nerve Conduction Velocity (NCV) (right lower extremity) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) / Nerve Conduction Velocity(NCV) (right lower extremity):

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 work injury in November 2014. The injury occurred when, while working as a painter, she was walking in an airplane hangar and lost her balance on plastic and twisted her ankle. In January 2015 she had pain rated at 8/10, symptoms including numbness. An MRI of the right foot in May 2015 was negative. When seen, she had pain, weakness, numbness, and tingling. There had been no improvement with physical therapy, home exercise program, medications, activity modification, or use of an ankle/foot support. Physical examination findings included tenderness along the course of the tarsal tunnel. There was normal range of motion. Authorization was requested for EMG/NCS testing of the right lower extremity. 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. In this case, the claimant has persistent pain and numbness since at least January 2015. Conservative treatments have been extensive but ineffective and an MRI was non-diagnostic. Nerve conduction testing is medically necessary. Guidelines recommend that except in unique circumstances electromyography and nerve conduction studies should be performed together in the same electrodiagnostic evaluation when possible. The requested EMG/NCS of the right lower extremity was medically necessary.