MAXIMUS Federal Services

Case Number:	CM15-0202124		
Date Assigned:	10/19/2015	Date of Injury:	06/08/1994
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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 58 year old female, who sustained an industrial injury on 6-8-94. The injured worker is being treated for plantar fasciitis, Achilles tendonitis, left tarsal tunnel syndrome and right mid foot fractures. On 8-17-15, the injured worker complains of continued numbness and tingling in foot which is getting worse; leg becomes numb with prolonged use and at night. Physical exam performed on 8-17-15 revealed tenderness over the tarsal tunnel, pain with squeezing of tarsal tunnel and a positive Tinel's sign over the tarsal tunnel. (MRI) magnetic resonance imaging of right foot performed on 5-4-15 revealed fracture of second metatarsal base, transverse fracture of third and fourth metatarsal base, non-displaced fracture of medial cuneiform at Lisfranc ligament insertion without widening of Lisfranc joint. Treatment to date has included physical therapy, cane for ambulation, casting and activity modifications. On 9-23-15 request for authorization was submitted for left ankle (EMG) Electromyogram (NCV) Nerve Condition Velocity study (4th request). On 9-29-15 request for left ankle (EMG) Electromyogram (NCV) Nerve Condition Velocity study was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography)/ NCV (nerve conduction velocity), left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) Electrodiagnostic testing, EMG (electromyography), NCS (nerve conduction studies).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The patient was injured on 06/08/94 and presents with numbness/tingling in her foot. The request is for an EMG (Electromyography)/ NCV (Nerve Conduction Velocity), Left Ankle of her tarsal tunnel. The utilization review rationale is that "clinical documentation did not reveal any left ankle/foot treatment." The RFA is dated 09/23/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior EMG/NCV of the left ankle. For EMG, ACOEM Guidelines page 303 states “Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ODG guidelines under foot/ankle chapter does not discuss electrodiagnostics. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." The patient has tenderness over the tarsal tunnel, pain with squeezing of tarsal tunnel, and a positive Tinel's sign over the tarsal tunnel. She is diagnosed with plantar fasciitis, Achilles tendonitis, left tarsal tunnel syndrome and right mid foot fractures. Treatment to date includes physical therapy, cane for ambulation, casting and activity modifications. The 05/04/15 MRI of the right foot revealed fracture of second metatarsal base, transverse fracture of third and fourth metatarsal base, non-displaced fracture of medial cuneiform at Lisfranc ligament insertion without widening of Lisfranc joint. The treater is requesting for an EMG/NCV of the left ankle to examine the tarsal tunnel. An EMG/NCV study may help the treater pinpoint the cause and location of the patient's symptoms. With the patient's chronic symptoms, the requested EMG/NCV of the left ankle is medically necessary.