

<b>Case Number:</b>	CM15-0202824		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	05/14/2007
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

The injured worker is a 51 year old male, who sustained an industrial injury on 5-14-2007. The injured worker is undergoing treatment for right foot pain in joint, status post right tarsal tunnel release, pain in joint lower leg, status post multiple left knee arthroscopies, right fibromatosis plantar fascial and long term use of medication. Medical records dated 8-19-2015 indicate the injured worker complains of chronic left knee pain and right foot pain. He reports increasing right foot pain with numbness and difficulty walking. He reports not taking pain medication during the day due to sedation. Physical exam dated 8-19-2015 notes antalgic gait with the remainder of the exam unremarkable. The subjective and objective exam is essentially unchanged from 8-10-2015. Treatment to date has included knee surgery X 3, right foot surgery, Coumadin, Eloquis, ibuprofen, docusate sodium, Senokot, Oxymorphone, cortisone and Orthovisc injections. The original utilization review dated 10-6-2015 indicates the request for referral to cardiologist and follow up for treatment of right foot-ankle is certified and magnetic resonance imaging (MRI) for right ankle and electromyogram and nerve conduction study of bilateral lower extremities is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for right ankle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Repeat MRI.

**Decision rationale:** According to the ODG criteria, repeat MRI's are not routinely recommended but should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. In this case, the patient has previously had an MRI of the ankle. The documentation doesn't support that the patient has had a new injury or new positive orthopedic findings. The documentation does not support the medical necessity for a repeat MRI. Therefore, the request is not medically necessary.

**EMG and Nerve conduction study of bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

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

**Decision rationale:** Nerve conduction study (NCS) techniques permit stimulation and recording of electrical activity from individual peripheral nerves with sufficient accuracy, reproducibility, and standardization to determine normal values, characterize abnormal findings, and correlate neurophysiologic-pathologic features. These clinical studies are used to diagnose focal and generalized disorders of peripheral nerves, aid in the differentiation of primary nerve and muscle disorders (although NCS itself evaluates nerve and not muscle), classify peripheral nerve conduction abnormalities due to axonal degeneration, demyelination, and conduction block and prognosticate regarding clinical course and efficacy of treatment. NCS should not be performed or interpreted as an isolated diagnostic study. Instead, it should be performed and interpreted at the same time as an EMG. When definitive neurologic findings on physical exam, electrodiagnostic studies, lab tests, or bone scans are present imaging may be warranted. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, the documentation doesn't support that the patient has an abnormal physical exam or that there are new or changing objective symptoms. The use of EMG/NCS is not medically necessary.