

<b>Case Number:</b>	CM15-0204463		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old female, who sustained an industrial injury on 2-25-2014. Medical records indicate the worker is undergoing treatment for posterior tibial tendon rupture, posterior tibial tendon dysfunction, peripheral nerve impairment to the posterior tibial nerve and its distal branches and posterior tibial nerve entrapment. A recent progress report dated 9-9-2015, reported the injured worker complained of ankle pain and continues to work without restrictions. Physical examination revealed swelling and palpable tenderness to the posterior tendon and unilateral collapse of the foot upon weight bearing. Right ankle magnetic resonance imaging from 2-4-2015 showed a partial tear of the tibialis tendon with joint effusion. Treatment to date has included physical therapy, acupuncture, ankle brace and medication management. On 9-9-2015, the Request for Authorization requested a Comprehensive Muscular Activity Profile of ankle-foot. On 10-9-2015, the Utilization Review noncertified the request for Comprehensive Muscular Activity Profile of ankle-foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Comprehensive Muscular Activity Profile of ankle/foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fost aP, Thompson NW, Crone MD,

Charlwood AP, Rupture of the tibialis posterior tendon: an important differential in the assessment of ankle injuries. Emerg Med J. 2005 Dec. 22(12):915-6 and on the Non-MTUS Yao K, Yang TX, Yew WP. Posterior Tibialis Tendon Dysfunction: Overview of Evaluation and Management. Orthopedics. 2015 Jun. 38 (6): 385-91.

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

**Decision rationale:** Comprehensive Muscular Activity Profile is a type of electromyography (EMG). There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for Comprehensive Muscular Activity Profile of ankle/foot. The request is not medically necessary.