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| Case Number: | CM15-0030642 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 01/17/2014 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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, Arizona

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 31-year-old female who reported injury on 01/17/2014. The mechanism of injury was the injured worker was going outside to speak with a customer's transportation, and she went down some stairs and turned to the left and she missed the pavement, and her ankle turned on her, and she fell onto her back. The documentation of 01/27/2015 revealed the injured worker was in the office for a follow-up office visit ankle pain. The injured worker had a recent MRI and was in the office for a recheck. The injured worker had significant symptoms in the area and noted swelling. The injured worker was noted to have no medications. The physical examination revealed there was continued tenderness in the right ankle. There was strength intact in the bilateral lower extremities. There was pain with ankle inversion. There was notable swelling in the left ankle and most of the swelling was in the anterolateral aspect, and the contralateral aspect of the joint. The documentation indicated the injured worker's MRI revealed some muscle wasting which may be due to denervation as well as presence of an old ligamentous atrophy. The diagnosis included chronic left ankle pain; rule out ligamentous damage versus osteochondral defect. The request was made for an EMG/NCV of the bilateral lower extremities to assess if there is any further neuropathy. There was a Request for Authorization submitted for review dated 01/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. They do not address NCS of the lower extremities. As such, secondary guidelines were sought. The Official Disability Guidelines do not recommend NCS as there is minimal justification for performing nerve conduction studies when an injured worker is presumed to have symptoms on the basis of radiculopathy. There was a lack of documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There was a lack of documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review failed to provide documentation of the prior conservative care. There was a lack of documentation of objective findings to support that the injured worker had a neuropathic or radicular findings in the bilateral lower extremities. Given the above, the request for EMG/NCV of the bilateral lower extremities is not medically necessary.