

Case Number:	CM15-0033418		
Date Assigned:	02/26/2015	Date of Injury:	06/20/2014
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
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 47 year old male, who sustained an industrial injury on 6/20/14. He has reported pain in the left calf and ankle related to a slip and fall. The diagnoses have included left Achilles tendonitis and left plantar tear with history of hematoma. Treatment to date has included physical therapy, left tibia MRI and oral medications. As of the PR2 dated 2/2/15, the injured worker reports constant pain and numbness in the left calf. The treating physician noted difficulty walking and tenderness with palpation. The treating physician requested EMG/NCV studies for the bilateral lower extremities. On 2/9/15 Utilization Review non-certified a request for EMG/NCV studies for the bilateral lower extremities. The utilization review physician cited the ACOEM guidelines for knee complaints and ankle complaints. On 2/23/15, the injured worker submitted an application for IMR for review of EMG/NCV studies for the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV if the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral lower extremity EMG/NCV studies are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are left leg pain and tenderness; and deep vein thrombophlebitis (DVT). The injured worker was under the care of a neurologist. The neurology notes were largely illegible; however, the note contained a check the box format in addition to handwritten entries. The injured worker had an MRI on August 21, 2014. The MRI showed sequelae of plantaris tendon rupture with residual hematoma between the heads of the gastrocnemius muscle. The initial physical examination was suggestive of left gastrocnemius rupture with confirmation by MRI. An EMG/NCV was requested, however, there was no clinical indication or clinical rationale for the EMG NCV. There was no evidence of radiculopathy on physical examination and there was no evidence of neuropathy on physical examination. The neurologic evaluation was unremarkable. Additionally, the right lower extremity was otherwise normal. There was no evidence of DVT. Consequently, absent clinical documentation specific nerve compromise in the presence left gastrocnemius tendon rupture, bilateral lower extremity EMG/NCV studies are not medically necessary.