

<b>Case Number:</b>	CM15-0036294		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	10/21/2002
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 45-year-old female who reported injury on 10/21/2002. The mechanism of injury was cumulative trauma. He injured worker underwent an MR arthrogram for the left shoulder. There was a Request for Authorization submitted for review dated 07/01/2014. The documentation of 06/30/2014 revealed the injured worker had developed bilateral foot pain at the plantar surface and had been diagnosed with possible plantar fasciitis. Appropriate treatment was noted to be ineffective. The injured worker had been continuing to work. The injured worker had received Botox injections to the scalene muscles of the neck due to pain. The documentation indicated the injured worker had bilateral foot pain and most recently the injured worker had been recommended for nerve conduction studies and EMG studies to rule out possible nerve compression in the ankles. The medications were noted to include ibuprofen. The physical examination revealed the injured worker had tenderness in the plantar surfaces of the bilateral feet mostly to the calcaneus plantar surface and also to the arch of the foot. Sensation was slightly diminished over the medial aspect of the left forearm and into the 5th digit of the left hand. Sensation was intact in the right upper extremity. Sensation was intact to the plantar surfaces of the bilateral feet and over the distal aspect of the bilateral legs both medial and lateral parts. Reflexes were  $\tilde{A}$  & #130; ¼ in the left biceps, triceps, brachial radialis and 2/4 in the right arm. Strength was noted to be intact in the bilateral ankles involving dorsiflexion and plantar flexion; however, pain was reproduced on plantar flexion. The provocative testing revealed a Tinel's test was negative in the wrist and cubital tunnels. The Allen's maneuver on the left extremity was equivocal with difficulty in obtaining pulse and there was no significant

change in abduction coupled with external rotation of the left upper extremity. Tinel's test of the bilateral ankles was negative. The diagnosis included plantar surface pain, bilateral feet, and questionable plantar fasciitis versus neuropathic process. The treatment plan included electrodiagnostic testing in the bilateral lower legs and feet and an orthopedic evaluation for the left shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 session of Extracorporeal shockwave Therapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate that limited evidence exists regarding extracorporeal shockwave therapy to treat plantar fasciitis to reduce pain and improve function. The clinical documentation submitted for review failed to provide documentation of exceptional factors. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 1 session of extracorporeal shockwave therapy is not medically necessary.

#### **Percocet 5/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 5/325 mg #90 is not medically necessary.

#### **EMG/NCS Left Upper Extremities: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Chronic Pain).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation indicating the prior conservative treatment. There was a lack of documentation indicating a necessity for both an EMG and a nerve conduction study of the left upper extremity. Given the above, the request for EMG/NCS left upper extremity is not medically necessary.

**EMG/NCS Bilateral Feet:** Upheld

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

**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 is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. The clinical documentation submitted for review indicated the request was made for questionable plantar fasciitis versus a neuropathic process. There was a lack of documentation indicating the injured worker had undergone and failed conservative treatment. Given the above, the request for EMG/NCS bilateral feet is not medically necessary.