MAXIMUS Federal Services

Case Number:	CM15-0038676		
Date Assigned:	03/09/2015	Date of Injury:	05/15/2014
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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 29 year old male, who sustained an industrial injury on 5/15/2014. He reports a crush injury to the left great toe. Diagnoses include left great toe closed fracture. Treatments to date include splinting, rest, 24 sessions of physical therapy, steroid injection and medication management. A progress note from the treating provider dated 2/10/2015 indicates the injured worker reported pain in the left foot with radiation to the left leg, knee and low back. Treatment plan included additional physical therapy and electromyography (EMG) /nerve conduction study (NCS) of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Left Foot: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines under the Foot/ankle chapter regarding Physical therapy.

Decision rationale: This patient has a date of injury of 05/15/14 when he sustained a crush injury fracturing his left great toe. The Request for Authorization is dated 11/7/14 and requests physical therapy 2x6 weeks. The current request is for PHYSICAL THERAPY LEFT FOOT. The ODG guidelines under the Foot/ankle chapter regarding Physical therapy has the following: Crushing injury of ankle/foot (ICD9 928.2): Medical treatment: 12 visits over 12 weeks. The patient has participated in 24 physical therapy sessions following his left toe fracture. Progress report dated 02/10/15 states completed PT x24 - no need more per therapist. The treater requested 12 additional sessions stating that it was per QME. In this case, the patient has reported that prior physical therapy has helped, but there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.

EMG/NCS Bilateral Lower Extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, EMGs (electromyography) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Nerve conduction studies (NCS).

Decision rationale: Based on the 02/10/15 progress report provided by treating physician, the patient presents with pain to the left foot with tingling, numbness and weakness; and radiation to left leg, knee and low back, rated 7-9/10. The request is for EMG/NCS BILATERAL LOWER EXTREMITY. RFA not provided. Patient's diagnosis on 02/10/15 included closed fracture of great toe. Per progress report dated 01/29/15, "previous MRI left foot reveals swelling around the EHL tendon but no evidence of rupture. There is a bone contusion to the left hallux distal phallanx."Treatments to date include splinting, rest, 24 sessions of physical therapy, steroid injection and medication management. Patient's medications include Tramadol, Docuprene, Gabapentin, and methyl salicylate topical. The patient is temporarily totally disabled, per treater report dated 02/10/15.ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'EMGs (electromyography)', state that EMG studies are "Recommended as an option (needle, not surface). EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." ODG Guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Nerve conduction studies (NCS)', states that NCV 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. (Utah, 2006) This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy." Treater has not provided reason for the request. UR letter dated 02/17/15 states "There is no indication to study the uninvolved side, the right. There is no documented neurological examination to support the request for EDS, and no unexplained findings are documented." There is no indication that prior EMG/NCV testing has been done. In this case, given the patient's continued complaints of pain, tingling, numbness and radicular components, further diagnostic testing may be useful to obtain unequivocal evidence of radiculopathy. Therefore, the requested EMG/NCV of the lower extremities IS medically necessary.