

Case Number:	CM15-0051129		
Date Assigned:	03/24/2015	Date of Injury:	01/27/2012
Decision Date:	05/12/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/18/2015

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

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 58-year-old male who reported an injury on 01/27/2012. The mechanism of injury was unspecified. Diagnoses include tarsal tunnel syndrome and trauma arthropathy. Past treatments included aquatic therapy, physical therapy, diagnostic studies, and medications. A lower extremity CT was performed on 05/12/2014, which revealed mild narrowing of the tibiofibular joints with a small effusion in the left knee and a type 2 accessory navicular bone of the left ankle. A tiny accessory ossicle for the peroneal tendons was demonstrated just inferior to the cuboid. Osteoarthritic changes were demonstrated of the left ankle with no evidence of fracture or distal fibula abnormality. On 02/23/2015, the injured worker followed up for an evaluation status post left total ankle arthroplasty. The injured worker also complained of burning nerve pain into the longitudinal arch of his foot. The physical examination revealed range of motion of the ankle with plantar flexion at 0 to 30 degrees and a positive Tinel's over the tarsal tunnel with no significant swelling about the left ankle. The recommendation was indicated for physical therapy and EMG and NCV studies to determine if the injured worker has tarsal tunnel and to identify nerve injury at the time of the ankle replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to the California MTUS/ACOEM Guidelines, EMGs may be useful to identify subtle focal neurologic dysfunction in patients with low back pain symptoms lasting longer than 3 or 4 weeks. The injured worker was noted to have complaints of left ankle pain. However, there was lack of neurologic dysfunction upon physical examination to indicate the medical necessity for an EMG in the bilateral lower extremities. Furthermore, the injured worker was already diagnosed with tarsal tunnel syndrome and trauma arthropathy. There was lack of a clear rationale to indicate a diagnostic study in order to diagnose an already confirmed diagnosis. As such, the request is not medically necessary or appropriate at this time.

NCV right lower extremity: 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).

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, Nerve conduction studies (NCS).

Decision rationale: According to the Official Disability Guidelines, NCS is not recommended as there is minimal justification for performing when a patient is presumed to have symptoms on the basis of radiculopathy. Furthermore, EMGs are recommended as an option prior to NCS. In addition, the injured worker was already diagnosed with tarsal tunnel syndrome and trauma arthropathy. There was lack of a clear rationale to indicate a diagnostic study in order to diagnose an already confirmed diagnosis. As such, the request is not medically necessary or appropriate at this time.

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injured worker was already diagnosed with tarsal tunnel syndrome and trauma arthropathy. There was lack of a clear rationale to indicate a diagnostic study in order to diagnose an already confirmed diagnosis. As such, the request is not medically necessary or appropriate at this time.

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