

<b>Case Number:</b>	CM15-0053935		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old female, who sustained a work/ industrial injury on 6/5/13. She has reported initial symptoms of right ankle pain, and then right hip pain (compensating). The injured worker was diagnosed as having pain in the joint, ankle, and foot with mononeuritis of unspecified site, peripheral neuropathy, and chronic pain syndrome. Treatments to date included medication, diagnostics, surgery (partial resection of right perineal tendon tear and tenosynovectomy of the right perineal tendon on 9/3/14), and physical therapy. Magnetic Resonance Imaging (MRI) was performed on 2/4/15 (left hip). Currently, the injured worker complains of pain in the right ankle, foot, and left hip pain. The treating physician's report (PR-2) from 1/15/15 indicated increased pain in the right hip as a result of bending due to compensation from the ankle pain rated 6/10. Pain was increased when bending because she is guarding the bad ankle. She is also experiencing burning that has increase in the ankle as a result of the topical cream and is concerned with the same. Light touch sensation is intact to the right mid-anterior thigh, right mid lateral ankle, and right lateral ankle. Treatment plan included EMG for the left lower extremity and right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG for the left lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant has a history of work injury occurring nearly 2 years ago and continues to be treated for chronic pain including right ankle and foot pain. Was seen by the requesting provider, physical examination findings documented were normal right lower extremity sensation. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression and no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. Therefore, this requested is not medically necessary.

**EMG of the right lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

**Decision rationale:** The claimant has a history of work injury occurring nearly 2 years ago and continues to be treated for chronic pain including right ankle and foot pain. Was seen by the requesting provider, physical examination findings documented were normal right lower extremity sensation. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy. Criteria include that the testing be medically indicated. In this case, there is no evidence of peripheral nerve compression and no documented neurological examination that would support the need for obtaining bilateral lower extremity EMG or NCS testing at this time. Therefore, this requested is not medically necessary.