Case Number:	CM15-0056411		
Date Assigned:	04/01/2015	Date of Injury:	06/16/2014
Decision Date:	08/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/24/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for lower leg pain reportedly associated with an industrial injury June 16, 2014. In a Utilization Review report dated February 27, 2015, the claims administrator failed to approve a request for electro diagnostic testing of the left lower extremity to include testing of the saphenous nerve. The claims administrator referenced an RFA form received on February 20, 2015 in its determination. The full text of the UR decision was not seemingly attached to the applicant. On February 19, 2015, the applicant reported ongoing complaints of lower leg pain. The applicant had undergone MRI imaging of the ankle, tibia, and fibula on February 18, 2015, which failed to uncover a clear source of the applicant's symptoms. Mild intramuscular edema of uncertain clinical significance was endorsed. Electro diagnostic testing to evaluate the possibility of a saphenous nerve injury was sought because the applicant had hyposensorium about the left lower leg. The applicant did exhibit a visible limp. Scarring about the left lower leg was appreciated with intact motor function. An equivocal Tinel sign about the saphenous nerve was appreciated. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place. On January 13, 2015, the attending provider stated that the applicant had sustained a contusion injury of the left leg. The attending provider stated that he was unable to explain the applicant's complaints of left lower extremity pain. An equivocal Tinel sign about the saphenous nerve was appreciated. The attending provider suggested neurologic testing to establish presence of a neurologic injury to the left leg was in order.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyogram (EMG) and Nerve Conduction Velocity (NCV) testing to the saphenous nerve of the left ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, page 848.

Decision rationale: Yes, the request for electrodiagnostic testing of the left lower extremity to include the saphenous nerve was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 14, Table 14-6, page 377 does acknowledge that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended," here, however, the applicant did have complaints of left lower extremity pain and paresthesias of unknown origin. The applicant did have dysesthesias present about the left leg. The attending provider speculated that the applicant might have sustained some neurologic insult during the initial industrial contusion injury. The Third Edition ACOEM Guidelines Chronic Pain Chapter acknowledges that nerve conduction studies are recommended when there is a peripheral nerve entrapment neuropathy, which has not responded to treatment. Here, the attending provider did suggest that a latent saphenous nerve neuropathy was the source of the applicant's ongoing left lower extremity pain, paresthesias, and dysesthesias. The electrodiagnostic testing in question, was, thus, indicated to establish the presence or absence of the same. Therefore, the request was medically necessary.