MAXIMUS Federal Services

Case Number:	CM15-0080942		
Date Assigned:	05/01/2015	Date of Injury:	01/28/2015
Decision Date:	06/05/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/27/2015

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: Pennsylvania
Certification(s)/Specialty: Internal 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:

This 23 year old male sustained an industrial injury to the right lower leg and foot on 1/28/15 due to a crush injury. Current diagnoses included right foot drop, right foot/lower leg neuropathy and right foot/lower leg contusion. Previous treatment included use of crutches, walking boot and medications. Initial evaluation on the date of injury revealed a crush injury of the right lower leg with decreased strength on dorsiflexion and plantar flexion of the right foot with strength rated 3/5. The injured worker was prescribed ibuprofen, no weight bearing on the right lower extremity, rest, elevation, and ice as needed. X-rays of the right tibia and fibula (1/29/15) were negative for fracture. Follow up visit on 2/4/15 documented that the injured worker had 10/10 pain and numbness in the right foot and proximal tibia, pain with minimal touching of the right lower leg, decreased light touch on top of the foot, and bruise and swelling at the base of the 5th metatarsal. Crutches and foot boot were provided. In an initial comprehensive report dated 3/12/15, the injured worker complained of intermittent moderate to severe right foot pain associated with numbness and weakness in the foot. Pain was increased with forward bending; when he was not moving or standing, pain was noted to be less severe and rated 2/10 in severity. The injured worker was not taking any medication for pain at the time of the 3/12/15 visit. The injured worker could not dorsiflex his foot or walk without an orthopedic walking boot. Examination of the right leg and foot showed no edema or swelling, tenderness to palpation of the anterior tibialis and posterior gastrocnemius muscle, inability to dorsiflex the right foot, inability to walk on the right heel, 4/5 muscle strength in the right lower extremity during plantar flexion, absent dorsiflexion, symmetrical reflexes, and no sensory deficits. The treatment plan included non-steroidal anti-inflammatory and analgesic medications for pain

control, electromyography bilateral lower extremities, continuing use of walking boot, referral to an orthopedic surgeon and magnetic resonance imaging right tibia/fibula. The physician documented recommendation for electrodiagnostic study of the lower extremities to rule out nerve damage and peroneal neuropathy. Work status was temporary total disability. On 3/24/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS, ACOEM, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 366-367, 374-375.

Decision rationale: This injured worker has an acute crush injury to the right lower leg with foot drop. The ACOEM notes that peripheral nerve entrapment may be manifested as foot drop if the peroneal nerve at the knee is involved. The ACOEM also states that physical examination evidence of neurovascular compromise that correlates with the medical history and test results may indicate the need for immediate consultation. Referral for surgical consultation may be indicated for patients who have activity limitation for more than one month without signs of functional improvement. In this case, the injured worker has documented signs of neurological compromise with evidence of new right foot drop, with worsening of findings including decreased in strength of the right foot dorsiflexors since the initial examination, numbness of the right foot, with interference with walking, and inability to walk on the right heel. These factors were not considered in the UR determination. Due to the finding of neurological compromise with new acute right foot drop, the request for referral to orthopedic surgeon is medically necessary.

Norco 7.5/325mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-370, Chronic Pain Treatment Guidelines opioids Page(s): 77.

Decision rationale: This injured worker has a recent injury to the right lower leg. The ACOEM recommends nonprescription analgesics, short term non-weight bearing, cold application, and elevation for most patients with acute to subacute symptoms, as in this case. If treatment response is inadequate, prescribed pharmaceuticals can be added; the ACOEM specifically recommends prescription non-steroidal anti-inflammatory drugs (NSAIDS). The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of

non-opioid analgesics. In this case, although ibuprofen was prescribed at the initial urgent visit on the date of injury, at the time of the most recent visit in March 2015, the documentation indicates that the injured worker was not taking any medication for pain. Pain was noted to be intermittently moderate to severe, but less severe (rated 2/10) without moving or standing. A trial of NSAIDs was also recommended by the treating physician. Due to lack of documentation of trial and failure of non-opioid analgesics, and the guideline recommendation for first line treatment with NSAIDS which has not been documented to be currently in use, the request for norco is not medically necessary.

Electromyography/Nerve Conduction Velocity of the lower extremity: 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): 366-367, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: electrodiagnostic testing (EMG/NCS).

Decision rationale: This injured worker has an acute crush injury to the right lower leg with foot drop. The ACOEM notes that peripheral nerve entrapment may be manifested as foot drop if the peroneal nerve at the knee is involved. The ODG states that electromyography (EMG) and nerve conduction studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. This injured worker has had progressive neurologic symptoms with worsening strength in the right foot and current evidence of acute foot drop, which was not considered in the UR determination. Due to presence of acute foot drop suggesting peroneal nerve injury and the guideline recommendations for electrodiagnostics in establishing the diagnosis of focal nerve entrapments, the request for electromyography/Nerve Conduction Velocity of the lower extremity is medically necessary.

MRI of the right lower extremity: 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): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter: MRI.

Decision rationale: The ACOEM foot and ankle chapter states that magnetic resonance imaging (MRI) may be helpful in cases of delayed healing. The ODG states that MRI is indicated for chronic ankle pain of uncertain etiology with plain films normal. In this case, the injured worker has chronic right lower leg pain with recent crush injury, right foot drop, and initial negative plain radiographs of the right tibia and fibula. The UR determination stated that the MRI of the right lower extremity was not necessary as there were no neurological deficits

and because it did not appear that plain radiographs had been performed. However, in this case, there was documentation that plain radiographs had been performed and the examination did identify neurological deficits with right foot drop including absence of dorsiflexion of the right foot. As such, the request for MRI of the right lower extremity is medically necessary.