

Case Number:	CM15-0083484		
Date Assigned:	05/05/2015	Date of Injury:	08/01/2013
Decision Date:	08/18/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/30/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 (IW) is a 46-year-old female who sustained an industrial injury on 08/01/2013. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having right foot sprain/nerve damage. Treatment to date has included right tarsal tunnel surgery on 05/15/2014, orthotics, medication, acupuncture and Pilates with. A tarsal tunnel steroid injection was given (01/19/2015) causing a flare up of pain. Currently, the injured worker is post-op right tarsal tunnel surgery with medial plantar neurolysis and abductor hallucis fasciotomy (05/15, 2014). On examination, the incision is well healed and pain levels between pre and post op have significantly improved. There is almost normal return of plantar skin sensation to the right foot with slightly decreased pinprick sensation on the 2nd toe compared to the left foot only. There is a strong Tinel's sign at the very distal end over the porta pedis or there may still be nerve entrapment. The worker can tolerate weight bearing of about 30 minutes. The plan of care was for a right ankle MRI with contrast to evaluate nerves and tarsal tunnel, request authorization for lower extremity Electromyogram/Nerve conduction Velocity testing, and have the worker continue acupuncture and Pilates, which are giving her pain relief. Consideration is given to possible referral to a peripheral nerve surgeon. A request for authorization is made for EMG Left Lower Extremity, EMG Right Lower Extremity, NCV Left Lower Extremity and NCV Right Lower Extremity.

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 Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Up-to-date, Overview of lower extremity peripheral nerve syndromes; Seward B Rutkove, MD; Literature review current through July 2015.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. In this case, the concern is tarsal tunnel syndrome of the right foot after prior surgical interventions. The symptoms have been non-responsive to conservative therapy such as steroid injection. Pain continues to limit activities substantially. According to Up-to-date recommendations, NCV may be useful in making the diagnosis of tarsal tunnel and comparisons to the contralateral uninvolved side are of use. EMG, by contrast, is limited utility as the intrinsic foot muscles have some degree of chronic denervation and reinnervation. EMG of left lower extremity is not medically indicated.

EMG Right Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Up-to-date, Overview of lower extremity peripheral nerve syndromes; Seward B Rutkove, MD; Literature review current through July 2015.

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NCV Left Lower Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Up-to-date, Overview of lower extremity peripheral nerve syndromes; Seward B Rutkove, MD; Literature review current through July 2015.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. In this case, the concern is tarsal tunnel syndrome of the right foot after prior surgical interventions. The symptoms have been non-responsive to conservative therapy such as steroid injection. Pain continues to limit activities substantially. According to Up-to-date recommendations, NCV may be useful in making the diagnosis of tarsal tunnel and comparisons to the contralateral uninvolved side are of use. NCV of left lower extremity is medically indicated.

NCV Right Lower Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Up-to-date, Overview of lower extremity peripheral nerve syndromes; Seward B Rutkove, MD; Literature review current through July 2015.

Decision rationale: CA MTUS/ACOEM allows for the use of EMG and NCV for the evaluation of radiculopathy and peripheral neuropathy when symptoms are present for more than a few weeks. These tests may help identify subtle focal neurologic dysfunction in cases of lower extremity symptoms. In this case, the concern is tarsal tunnel syndrome of the right foot after prior surgical interventions. The symptoms have been non-responsive to conservative therapy such as steroid injection. Pain continues to limit activities substantially. According to Up-to-date recommendations, NCV may be useful in making the diagnosis of tarsal tunnel and comparisons to the contralateral uninvolved side are of use. NCV of right lower extremity is medically indicated.