

Case Number:	CM15-0084051		
Date Assigned:	05/06/2015	Date of Injury:	07/05/2014
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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, Ohio, 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 29-year-old male, who sustained an industrial injury on 07/05/2014. He has reported injury to the left lower extremity. The diagnoses have included left ankle arthrofibrosis, leg length discrepancy; status post open reduction internal fixation with hardware left tibia/fibula fracture; and left knee pain. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Gabapentin and Naproxen Sodium. A progress note from the treating physician, dated 04/09/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of left knee and ankle pain, associated with swollen feeling; pain is rated 4-5/10 on the visual analog scale; continued difficulty with walking and standing due to persistent pain; current medications are helping pain; and land-based exercises aggravate his pain and he is very limited with routine exercises including walking. Objective findings included antalgic gait noted on the left; high-stepping gait noted with difficulty clearing his toes on the left; left leg is shorter; decreased range of motion; minimal swelling noted in the left lower extremity; and tenderness noted in the left knee joint line which is worse on the medial aspect. The treatment plan has included the request for Electromyograph (EMG) and Nerve Conduction Velocity (NCV) of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyograph (EMG) and nerve conduction velocity (NCV) of the right lower extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: ACOEM recommends electro diagnostic studies for evaluation of neurological symptoms or exam findings, which persist more than a few weeks. This patient is status post a tibia/fibula fracture with a residual persistent foot drop. Thus, the guidelines clearly support further evaluation of this clinical situation. An initial physician review certified only an electro diagnostic study of the left lower extremity. However, a comparative study to the opposite limb is often clinically helpful to distinguish between focal/traumatic processes vs. a more generalized neuropathy. For this reason this comparative study is supported by the guidelines. Therefore, this request is medically necessary.