MAXIMUS Federal Services

Case Number:	CM15-0085110		
Date Assigned:	05/07/2015	Date of Injury:	06/11/2013
Decision Date:	06/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: California, Indiana, New York
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 is a 29 year old female with a June 11, 2013 date of injury. A progress note dated February 25, 2015 documents subjective findings (foot and ankle pain; compensatory pain in the right foot, objective findings limp favoring the left ankle), and current diagnoses (chronic left foot/medial ankle pain status post ligamental repair surgery; lower back pain; myofascial pain). Treatments to date have included ligament repair surgery, medications, bracing, home exercise, and physical therapy. The treating physician requested authorization for electromyogram/nerve conduction velocity studies of the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG (electromyography) /NCV (nerve conduction velocity), Left Lower Extremity:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter (Acute & Chronic) - Electrodiagnostic studies (EDS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV Left lower extremity is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured worker's working diagnoses are chronic left/medial ankle pain, status post ligament repair surgery January 2014; low back pain, myofascial pain. The request for authorization date is April 24, 2015. The most recent progress note in the medical record is dated February 25, 2015. The documentation from the February 25, 2015 progress note states the injured worker has ongoing for ankle pain. There are no subjective complaints of radiculopathy involving the lower extremity. Objectively, the documentation states no significant change. The injured worker walks with a limp. There is no neurologic examination. There is no contemporaneous progress note on or about the date of request for authorization (April 24, 2015). Consequently, absent contemporaneous clinical documentation with subjective complaints and objective clinical findings compatible with radiculopathy and a clinical rationale for EMG/NCV, EMG/NCV left lower extremity is not medically necessary.