

<b>Case Number:</b>	CM15-0241850		
<b>Date Assigned:</b>	12/21/2015	<b>Date of Injury:</b>	10/26/2013
<b>Decision Date:</b>	01/28/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 injured worker is a 66 year old male, who sustained an industrial injury on 10-26-2013. The injured worker was being treated for persistent symptomatic right ankle and foot synovitis, posterior tibialis tendinitis, plantar fasciitis, and possible entrapment of posterior tibial nerve. Treatment to date has included diagnostics, physical therapy (2 unspecified sessions), and anti-inflammatory medications. On 10-06-2015, the injured worker complains of persistent right ankle and foot pain, rated 5-8 out of 10. Pain was aggravated with prolonged standing, twisting, step off activities, and impacting loading such as running or jumping. Exam noted a right lower extremity antalgic gait. Inspection of the right foot noted no deformity, spasm, or pes planus. Range of motion was decreased with ankle extension and flexion and there was tenderness overlying the posterior tibial nerve with a positive Tinel's sign. Strength was 4+ in the right ankle and there was tenderness about the mid to proximal plantar fascia. Work status was modified and he was not working. The treatment plan included electromyogram and nerve conduction studies of the right lower extremity to rule out nerve entrapment and physical therapy. On 11-17-2015 Utilization Review non-certified a request for electromyogram and nerve conduction studies of the right lower extremity and physical therapy 3x4 for the right foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EMG/NCV of the Right Lower Extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, EMG/NCV.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. 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. This systematic review and meta-analysis demonstrate that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCS. In this there is no documented sensory or motor deficit on physical examination. There is no medical indication for EMG/ NCV studies of the right lower extremity. Medical necessity has not been established.

## **Physical Therapy Three times a week for four weeks for the Right Foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 visits surpasses the number of six

recommended for clinical trial to determine functional improvement. Twelve visits of physical therapy is not medically necessary.