

Case Number:	CM14-0121190		
Date Assigned:	09/16/2014	Date of Injury:	05/22/2012
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male with a 5/22/2012 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/3/14 noted subjective complaints of some numbness and tingling in the left calf and left heel. Objective findings included non-tender left ankle, FROM ankle. There was normal strength of the ankle. It is noted that the provider assessment is that the left ankle appears to be essentially fully recovered. Diagnostic Impression: s/p arthroscopic surgery micro fracture of osteochondral lesion in the lateral talar dome of left ankle. Treatment to Date: physical therapy, surgery. A UR decision dated 7/22/14 denied the request for EMG/NCV right lower extremity. There is no evidence of RLE possible nerve root or peripheral nerve entrapment. It also denied post-operative physical therapy 2 x 4 weeks quantity: 8. There have already been 39 sessions authorized to date which exceeds the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography (EMG) Right Lower Extremity:

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 63,303.
Decision based on Non-MTUS Citation Official Disability Guidelines; Electromyography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents provided for review, there is only mention of left ankle complaints and findings. There are no right sided symptoms or signs to substantiate the use of electrodiagnostic studies. Therefore, the request for electromyography (EMG) right lower extremity was not medically necessary.

Nerve Conduction Velocity Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 63, 303. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back chapter

Decision rationale: CA MTUS states that electromyography (EMG), including H-reflex tests, are indicated to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three to four weeks. In addition, ODG states that EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. Furthermore, NCS are not recommended when a patient is presumed to have symptoms on the basis of radiculopathy. However, in the documents provided for review, there is only mention of left ankle complaints and findings. There are no right sided symptoms or signs to substantiate the use of electrodiagnostic studies. Therefore, the request for nerve conduction velocity right lower extremity was not medically necessary.

Post- Operative Physical Therapy 2 x 4Weeks Quantity: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle/Foot Sprain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6 page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the documents provided for review, objective findings included non-tender left ankle and full range of motion of left ankle. There was normal strength of the ankle. The provider states that the left ankle appears to be essentially fully recovered. It is unclear why further sessions of physical therapy would be of benefit. Therefore, the request for post-operative physical therapy 2 x 4 weeks quantity: 8 was not medically necessary.