

<b>Case Number:</b>	CM14-0121757		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family Practice 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:

The 53 years old male claimant sustained a work injury on 11/15/10 involving the left foot and ankle. He was diagnosed with impingement, synovitis and degenerative joint disease of the left foot. HE underwent surgical debridement and physical therapy. A progress note on 6/25/14 indicated the claimant had normal range of motion of the left lower extremity with good gait, strength and alignment. There were no spasms or crepitus. The claimant did have tingling in the dorsal and anterior left foot. The claimant mentioned he had had back injuries in the past. A request was made for an NCV and EMG of the left lower extremity to determine etiology of symptoms. A progress note on 7/25/14 indicated he had a normal fluoroscopy of the left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG FOR LLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** According to the ACOEM guidelines, electrical studies are not recommended for routine foot and ankle problems with evidence of tarsal tunnel or entrapment.

In this case, the claimant was not tested physically for entrapment. In addition, a back examination was not performed to indicate if symptoms were related to lumbar disease. The request for an EMG is therefore not medically necessary.

**NCV FOR LLE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** According to the ACOEM guidelines, electrical studies are not recommended for routine foot and ankle problems with evidence of tarsal tunnel or entrapment. In this case, the claimant was not tested physically for entrapment. In addition, a back examination was not performed to indicate if symptoms were related to lumbar disease. The request for an NCV is therefore not medically necessary.