

Case Number:	CM14-0148291		
Date Assigned:	09/18/2014	Date of Injury:	05/03/2012
Decision Date:	11/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 injured worker is a 56 year old male who reported an injury on 05/03/2012. The mechanism of injury was not specified. His diagnoses included rupture of Achilles tendon, Achilles tendinitis or bursitis, plantar fasciitis, and diabetes type 2. Past treatments have included acupuncture and physical therapy. The documentation indicated an unofficial MRI of the ankle was performed in 02/2014 which showed Achilles tendon thickening, torn anterior talofibular ligament plantar fascia edema chondral changes along lateral talar dome, evidence of tenosynovitis. Radiographs of the lumbar spine revealed narrowing at the L5-S1 disc and foramen. The injured worker underwent Achilles tendon repair on 05/15/2012. The injured worker had stiffness to the ankle and joints, and pain to the limbs, with muscle spasms. The clinical note dated 07/18//2014 noted the injured worker had swelling along the Achilles tendon. Range of motion was restricted with planter flexion limited to 25 degrees, dorsiflexion limited to 15 degrees, eversion limited to 15 degrees and inversion limited to 20 degrees. There was fullness and pain 4cm from the heel. The physician indicated the injured worker had discoloration and darkening along the Achilles, the region was very cold to touch, the injured worker had allodynia, and the injured worker's hair growth was normal. The clinical note dated 07/25/2014 noted the injured worker had weakness with plantar flexion at the ankle and flexion of the big toe. There was no tingling or numbness. The clinical note dated 08/22/2014 noted there was thickening and tenderness along the Achilles tendon. It was noted the injured worker had atrophy of the calf muscle, tenderness along the tibialis tendon, and tenderness along the peroneal tendon. Strength testing revealed 3+/5 weakness in all ankle planes. His medications included Ambien 10mg at bedtime and Zipsor 25mg orally four (4) times daily as needed for pain. The treatment plan included recommendations for an EMG of the right lower extremity and

NCV of the right lower extremity. The rationale for request was muscular atrophy, and for evaluation of denervation. The request for Authorization form was dated 08/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG Right Lower Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Worker's Compensation, Online Edition, Chapter, Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The request for EMG Right Lower Extremity is not medically necessary. Per the documentation it was noted there was thickening and tenderness along the Achilles tendon. It was noted the injured worker had atrophy of the calf muscle, tenderness along the tibialis tendon, and tenderness along the peroneal tendon. Strength testing revealed 3+/5 weakness in all ankle planes. The physician indicated the injured worker had discoloration and darkening along the Achilles, the region was very cold to touch, the injured worker had allodynia, and the injured worker's hair growth was normal. The California MTUS/ACOEM Guidelines note electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies are not recommended. There is no evidence that the injured worker had numbness, tingling, or positive provocative testing (including a positive Tinel's sign) to the leg which would demonstrate nerve impingement. There is a lack of documentation which demonstrates the injured worker possibly had tarsal tunnel syndrome or other entrapment neuropathies. Therefore the request is not medically necessary.

NCV Right Lower Extremity: 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): 364-367, 376-377.

Decision rationale: The request for NCV Right Lower Extremity is not medically necessary. Per the documentation it was noted there was thickening and tenderness along the Achilles tendon. It was noted the injured worker had atrophy of the calf muscle, tenderness along the tibialis tendon, and tenderness along the peroneal tendon. Strength testing revealed 3+/5 weakness in all ankle planes. The physician indicated the injured worker had discoloration and darkening along the Achilles, the region was very cold to touch, the injured worker had allodynia, and the injured worker's hair growth was normal. The California MTUS/ACOEM Guidelines note electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome

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