

Case Number:	CM14-0091883		
Date Assigned:	07/25/2014	Date of Injury:	02/20/2013
Decision Date:	10/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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:

The patient is a 48 year old female who was injured on 02/20/2013 while walking down the steps to the house floor. Prior treatment history has included injection to left ankle and Terocin cream. An MRI of the left foot dated 03/27/2014 revealed an unremarkable study. MRI of the left ankle dated 05/20/2013 revealed mild amount of marrow edema in the mid body of the talus and mild tendinopathy of the inferior cuboid portion of the peroneus. Progress report dated 05/12/2014 documented the patient to have complaints of pain in her left 3rd and 4th metatarsophalangeal joints as well as pain in the plantar aspect of her left arch and medial aspect of the left ankle. She reported feeling 15% improvement to affected area with nerve block injection. Objective findings on exam revealed tenderness to palpation at the medial slip of the left plantar fascia, left posterior tibial tendon and at the left 3rd and 4th metatarsophalangeal joints. The patient is diagnosed with neuritis of the left superficial peroneal nerve, left plantar fasciitis, peroneal tendonitis, contusion of the ankle, venous insufficiency on the left. The patient was recommended for 6 treatments of MLS pain laser for the left foot and ankle and EMG and NCS of the left foot. Prior utilization review dated 06/12/2014 states the request for MUSC TST Done W/ NERV TST LIM (Motor Nerve Conduction Test w/ Sense Nerve Conduction Test) Outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

MUSC Test Done W/ Nerve Test Lim (Motor Nerve Conduction Test w/ Sense Nerve Conduction Test) Outpatient is not medically necessary and appropriate.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Computerized muscle testing, Quantitative sensory threshold testing, Current perception threshold testing, Electrodiagnostic testing

Decision rationale: According to MTUS and ODG guidelines, electromyography and/or nerve conduction studies may be recommended under certain conditions when radiculopathy or nerve entrapment is suspected. According to ODG guidelines, "There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test." Quantitative sensory threshold testing and current perception threshold testing are not recommended. In this case a request is made for MUSC TST Done W/ NERV TST LIM (Motor Nerve Conduction Test w/ Sense Nerve Conduction Test) for a 48-year-old female injured on 2/20/13 with chronic left foot and ankle pain. The exact nature of the requested test is unclear from the provided records. No specific rationale is provided, but the request appears to be for further evaluation of superficial peroneal nerve tenderness. However there are no symptoms or examination findings clearly suggestive of nerve entrapment or tarsal tunnel syndrome. Computerized muscle strength testing and sensory testing modalities are not recommended. Medical necessity is not established.