

<b>Case Number:</b>	CM14-0099544		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Orthopedic Surgery 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 47 year old male claimant with an industrial injury dated 09/28/12. Exam note by ■■■■■, a foot and ankle specialist on 06/12/14 states the patient returns with left foot and ankle pain. The patient rates the pain at a 6-7/10 scale and describes it as an aching, burning, stabbing pain. The patient reports that the physical therapy is helping with pain relief and strength. It states that there was skin adhering to the lateral aspect of the left foot in which was entrapping the nerve. Also the exam note states a distal fibula fracture was healed with a thick bone. The patient reports sciatica as well and continues to have constant pain but it has slightly been decreased by Flector patches. Physical exam demonstrates the patient has thickening of soft tissues near the site of the tibial fracture. Range of motion is listed as restricted, sensation is decreased, and the patient uses a cane. There is swelling and tenderness about the joint line but no obvious deformity or infection. The patient was diagnosed with left foot crush injury, left fibular fracture with distal tibiofibular instability, left 5th toe dislocation, left knee medial meniscal tear, and lumbar strain with left lower extremity radiculopathy. EMG/NCS on 9/13/13 demonstrated no evidence of radiculopathy but did show peripheral neuropathy involving the peroneal and sural nerves.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Ble:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states "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." It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is no indication for repeat electrodiagnostic studies based upon physician documentation or physical examination findings. The patient has had prior EMG/NCV studies on 9/13/13. Therefore, the request of the electrodiagnostic studies is not medically necessary.

**NCS Ble:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, NCS

**Decision rationale:** CA MTUS/ACOEM is silent on nerve conduction velocity testing. According to the ODG Low Back, nerve conduction studies (NCS) states it is not recommended as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. In this particular patient there is no indication for repeat electrodiagnostic studies based upon physician documentation or physical examination findings. The patient has had prior EMG/NCV studies on 9/13/13. Therefore, the request of the electrodiagnostic studies is not medically necessary and appropriate.

**Consult with Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** According to the CA MTUS/ACOEM, page 79, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." In this case, the claimant has already seen a foot and ankle specialist on 6/12/14. There is no indication in the records of objective

evidence for further orthopedic consultation. Therefore, the determination is that the request is not medically necessary.