

Case Number:	CM14-0147042		
Date Assigned:	09/15/2014	Date of Injury:	03/20/2014
Decision Date:	06/24/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for chronic foot and knee pain reportedly associated with an industrial injury of March 20, 2014. In a Utilization Review report dated June 12, 2014, the claims administrator failed to approve a request for electrodiagnostic testing of the left lower extremity. The claims administrator did seemingly approve a request for electrodiagnostic testing of right lower extremity, it was suggested. A progress note of July 22, 2014 and associated RFA form of August 4, 2014 were referenced in the determination. Non-MTUS Third Edition ACOEM Guidelines and Non-MTUS ODG Guidelines were also cited. On July 22, 2014, the applicant reported ongoing complaints of right knee and hip pain, 7/10, with associated clicking, locking, grinding, stiffness, giving way and weakness. Kneeling, bending, and squatting remained problematic. The applicant was using aspirin and Tylenol for pain relief. The applicant was given an operating diagnosis of right knee pain. The applicant was treating his left foot pain through another provider, it was stated. MRI imaging of the knee was normal. The applicant was not given any work restrictions insofar as the knee was concerned. On July 13, 2014, the applicant's primary treating provider stated that the applicant had severe left foot pain. Numbness and paresthesias about the left foot were reported. The applicant reported difficulty ambulating on the left foot. Dysesthesias were appreciated about the left foot on exam. Electrodiagnostic testing of bilateral lower extremities was sought, despite the fact that the applicant's symptoms were seemingly confined to the right leg. Work restrictions were endorsed. It was not clear whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV LOWER LEFT EXTREMITIES: 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 Page(s): 377.

Decision rationale: No, the request for nerve conduction testing of the left lower extremity was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 14, Table 14-6, page 377, electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathy is deemed "not recommended." Here, the treating provider suggested that the applicant's neuropathic pain complaints were confined to the symptomatic right lower extremity. There was, thus, no suspicion of an entrapment neuropathy, tarsal tunnel syndrome, reflex sympathetic dystrophy, etc., involving the affected left lower extremity. Therefore, the request was not medically necessary.

EMG LOWER LEFT EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines B. CRPS-II (causalgia) Page(s): 37.

Decision rationale: Similarly, the request for EMG testing of the left lower extremity was likewise not medically necessary, medically appropriate, or indicated here. The attending provider stated that he suspected a left lower extremity reflex sympathetic dystrophy. While page 37 of the MTUS Chronic Pain Medical Treatment Guidelines does note that nerve damage associated with CRPS can be detected by EMG and further notes that pain is not necessarily limited to the distribution of the injured nerve, page 37 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that the State of Colorado adds that there must be documentation of peripheral nerve injury with pain initially in the distribution of the injured nerve so as to justify the EMG testing in question. Here, however, the applicant's symptoms were confined to the symptomatic right lower extremity. There was no mention of the applicant's having any neuropathic symptoms involving the left lower extremity so as to compel the testing in question. The attending provider failed to furnish a compelling rationale to support EMG testing of the seemingly asymptomatic left lower extremity here. Therefore, the request was not medically necessary.

