

Case Number:	CM14-0211336		
Date Assigned:	12/24/2014	Date of Injury:	01/29/2014
Decision Date:	02/20/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, California
 Certification(s)/Specialty: Family Practice

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 55 year old female patient who sustained a work related injury on 1/1/2007, 1/1 2011, 10/23/2014. Patient sustained the injury when she was dealing with a misbehaving student when this student pushed her against the table. Her left foot hit the base of the table as she tried to break her fall. In January 2007, the patient re-injured her left foot while lifting a cot weighing approximately five pounds. On September 28, 2011, the patient was clearing the room when she suddenly twisted her left ankle. On January 29, 2014, the patient reports that she was assisting the students in the yard doing some exercise when she stumbled upon a balance beam laid on the ground. The current diagnoses include knee/leg sprain, ankle sprain, and tear meniscus. Per the doctor's note dated, patient has complaints of continuous throbbing pain in her left foot with associated numbness and tingling sensation in her toes and on top of her foot and continuous left ankle pain at 4/10. She has difficulty standing for longer than 15 to 20 minutes and walking on even ground for longer than 30 minute. She has difficulty sleeping and wakes with pain and discomfort. Physical examination revealed tenderness to pressure over the medial joint with range of motion intact; feet/ankle examination demonstrated sensory reduced in the left foot, motor strength reduced in the left ankle dorsiflexors and EHL, range of motion in the left dorsal flexion reduced to 10. The current medication lists include Motrin, Synthroid, Advair, Naproxen, HCTZ and tramadol. The patient has had x-ray of the left foot that was normal; MRI scan of the left foot on 5/12/14 that was normal. Diagnostic imaging reports were not specified in the records provided. Any surgical or procedure note related to this injury were not specified

in the records provided. The patient has received an unspecified number of PT visits, massage, hot packs, electrical stimulation, rubber band stretches and foot exercises for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS left lower extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: Per ACOEM chapter 12 guidelines, "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. The pt. has a left lower extremity injury with objective evidence of decreased sensation in the left foot and weakness in the left foot. She has a history of tingling numbness in the left foot . She has already had conservative treatment with oral medications as well as physical therapy. In this pt, obtaining electro-diagnostic studies of the left lower extremity would help to identify subtle neurologic dysfunction. The request for EMG/NCS left lower extremities is medically appropriate and necessary in this patient at this time.

MRI left foot and ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 10/29/14) Magnetic resonance imaging (MRI).

Decision rationale: Per cited guidelines, for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Per ODG ankle and foot guidelines cited

below, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has had x-ray of the left foot that was normal; MRI scan of the left foot on 5/12/14 that was normal. Any significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. Any finding indicating red flag pathologies were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Details of these conservative treatments and response of physical therapy were not specified in the records provided. A plan for an invasive procedure of the left ankle was not specified in the records provided. The medical necessity of the request for MRI left foot and ankle is not medically necessary.