

Case Number:	CM15-0004515		
Date Assigned:	01/15/2015	Date of Injury:	08/13/2013
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old female, who sustained an industrial injury on 8/13/2013. The diagnoses have included ankle sprain. Treatment to date has included acupuncture, immobilization, injections, bracing, NSAIDs, and physical therapy. X-rays of the right ankle dated 6/13/2013 revealed negative findings. Currently, the IW complains of consistently present pain to the lateral right ankle. She even has pain foot is in a dependent position with no weight bearing. Objective findings included pain with palpation of the lateral ankle, along the lateral gutter to the distal tip of the fibula. There is also some pain with palpation of the sinus tarsi and lateral talonavicular area. There continues to be some tenderness to palpation of the fibular head in the area. On 12/22/2014, Utilization Review non-certified a request for EMG (electromyography)/NCV (nerve conduction studies) and Maxtrax air walker noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM Guidelines was cited. On 1/09/2015, the injured worker submitted an application for IMR for review of EMG/NCV and a Maxtrax air walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to check for any defect or deficit right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Electromyography (EMG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back chapter,Nerve conduction studies /Electrodiagnostic studies

Decision rationale: The patient presents with pain in the lateral right ankle and foot. The current request is for an EMG/NCV TO CHECK FOR ANY DEFECT OR DEFICIT RIGHT ANKLE. The ACOEM, MTUS and ODG guidelines do not discuss EMG/NCV for ankle/foot pain. ACOEM Guidelines page 303 allows for EMG studies with H-reflex test to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3-4 weeks. ODG guidelines have the following regarding EMG studies, EMG's electromyography may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. ACOEM is silent on NCV testing of the lower extremities. ODG (Online Low Back chapter: Nerve conduction studies -NCS-. ODG states, Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. ODG for Electro diagnostic studies EDS states: NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." EMG/NCV testing is useful to obtain unequivocal evidence of radiculopathy. The treating physician is requesting this testing for defect or deficit of the right ankle. EMG/NCV of the ankle is not indicated as none of the medical guidelines provide support. This request IS NOT medically necessary.

Maxtrax Air Walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371,Chronic Pain Treatment Guidelines Rigid Orthotics (full-length) inserts.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle & Foot chapter,Ankle foot orthosis <http://www.djoglobal.com/products>, MaxTrax Air walkers

Decision rationale: The patient presents with pain in the lateral right ankle and foot. The current request is for a MAXTRAX AIR WALKER. According to <http://www.djoglobal.com/products> the MaxTrax Air walkers have all the features of the standard walkers plus the benefit of a pneumatic liner, providing support and compression to help promote fracture healing. Designed to increase stability and help reduce pain and edema following trauma or post-operative procedures, the MaxTrax Air Walkers also provide cost-effective option to serial casting. ODG guidelines: Ankle & Foot chapter has the following regarding Ankle foot orthosis AFO, Recommended as an option for foot drop. An ankle foot orthosis (AFO) also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and if necessary, push-off stimulation during the late stance phase. An AFO

is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity. As per the available progress reports, the patient does not have foot drop. There is no documentation of surgical or neurologic recovery, or equinovarus deformity. ODG guidelines do not support the use of braces in patients with mild ankle sprain. This request IS NOT medically necessary.