

Case Number:	CM15-0017522		
Date Assigned:	02/05/2015	Date of Injury:	01/27/2012
Decision Date:	03/25/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 female patient, who sustained an industrial injury on 01/27/2012. A primary treating office visit dated 01/12/2015 reported the patient being status post left total ankle arthroplasty and he is with complaint of tingling to bilateral soles with the sensation of a swollen great left toe. He is noted having difficulty flexing his toe and takes Ultram for pain. Objective findings showed surgical incisions intact; benign. The range of motion is from about 10 degrees dorsiflexion to 45 degrees plantar flexion and he walks with a slightly antalgic gait on left. There is a mildly positive Tinel's over his tarsal tunnel and tingling sensation on the plantar surface of foot. Radiography performed that day showed well seated total ankle arthroplasty, left and possible tarsal tunnel syndrome. The plan of care involved more therapy session working on strengthening and range of motion, proprioception and gait training. He is prescribed Ultram and off from work for the next three months. A request was made for an electronerve conduction study of left lower extremity. On 01/16/2015 Utilization Review non-certified the request, noting the CA MTUS/aCOEM, Ankle/Foot, Electronerve testing were cited. The injured worker submitted an application on 01/29/2014 for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, table 14-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ODG does not recommend NCV testing by stating NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The treating physician does not document evidence of neurologic dysfunction (sensory, motor, or reflex) or muscle atrophy. Thus an NCV is needed at this time. As such the request for NCV of the left lower extremity is not medically necessary.

EMG of the left lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374, table 14-6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM 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. ODG states in the Low Back Chapter and Neck Chapter, NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing. The treating physician does not document evidence of neurologic dysfunction (sensory, motor, or reflex) or muscle atrophy. Thus an EMG is needed at this time. As such the request for EMG of the left lower extremities is not medically necessary.