

Case Number:	CM15-0111778		
Date Assigned:	06/18/2015	Date of Injury:	11/21/2014
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 50 year old male, who sustained an industrial injury on 11/21/2014. He reported that during his work shift at night he was walking and fell into a hole. The injured worker was diagnosed as having tear/rupture of the anterior talofibular ligament of the left ankle with possible synovitis to the left ankle. Treatment and diagnostic studies to date has included magnetic resonance imaging, use of a walker, use of a brace, injection, x-rays, and medication regimen. In a progress note dated 05/07/2015 the treating physician reports complaints of pain to the outside of the ankle that is noted swell with activity along with a feeling of instability. Examination reveals severe pain to the anterior talofibular and lateral recess of the left ankle that increases with range of motion. The progress note from 04/23/2015 noted magnetic resonance imaging performed on 02/24/2015 that was revealing for fluid in the ankle joint and the lateral aspect along with difficulty visualizing the anterior talofibular ligament that may indicate an underlying tear of the ligament. The treating physician requested an electromyogram with nerve conduction velocity of the left ankle, but the documentation did not indicate the specific reason for the requested test.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV of the left ankle: Upheld

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

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

Decision rationale: According to MTUS guidelines, (MTUS page 303 from ACOEM 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed left ankle pain, there is no clear evidence that the patient developed peripheral nerve dysfunction or nerve entrapment such as tarsal tunnel syndrome. MTUS guidelines does not recommed EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for NCV of the left ankle is not medically necessary.

EMG of the left ankle: Upheld

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

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Decision rationale: According to MTUS guidelines, (MTUS page 303 from ACOEM 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. EMG has excellent ability to identify abnormalities related to disc protrusion (MTUS page 304 from ACOEM guidelines). According to MTUS guidelines, needle EMG study helps identify subtle neurological focal dysfunction in patients with neck and arm symptoms. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks (page 178). EMG is indicated to clarify nerve dysfunction in case of suspected disc herniation (page 182). EMG is useful to identify physiological insult and anatomical defect in case of neck pain (page 179). Although the patient developed left ankle pain, there is no clear

evidence that the patient developed peripheral nerve dysfunction or nerve entrapment such as tarsal tunnel syndrome. MTUS guidelines does not recommend EMG/NCV without signs of radiculopathy or nerve dysfunction. Therefore, the request for EMG of the left ankle is not medically necessary.