

<b>Case Number:</b>	CM15-0114209		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: 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:

This 59 year old female sustained an industrial injury to the neck, back and bilateral feet, bilateral wrists and bilateral hands via cumulative trauma on 9/19/12. Magnetic resonance imaging of bilateral ankles (10/15/12) showed widening of the plantar tendon with increased signal of the plantar fascia noted to possibly represent plantar fasciitis. Electromyography/nerve conduction velocity test of bilateral upper and lower extremity (1/2/13) was normal. Previous treatment included physical therapy, chiropractic therapy, injections, ice, elevation and medications. In a progress note dated 2/17/15, the injured worker exhibited ongoing tenderness in both heels at the plantar fascia and forefoot. The physician noted that he suspected myofascial pain syndrome. The injured worker was initiated on Ultram. In a progress noted dated 3/18/15, the injured worker reported having difficulty sleeping. The physician reiterated that he thought the injured worker had myofascial pain syndrome. The injured worker was initiated on Gabapentin. In the most recent PR-2 submitted for review, dated 4/15/15, physical exam was remarkable for tenderness to palpation in the lumbar spine and at the forefoot and plantar fascial bilaterally. Current diagnoses included chronic plantar fasciitis, persistent Morton's neuroma, chronic neck pain, chronic low back pain, De Quervain's tenosynovitis, depression and myofascial pain syndrome. The treatment plan included continuing medications (Ultram and Gabapentin) and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **EMG/NCS bilateral lower extemeities: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sameer Jain, MBChB, MRCS Ken Mannan, MBBS, FRCS The Diagnosis and Management of Morton's Neuroma: A Literature Review Foot Ankle Spec August 1 2013 6: 307-317. Gregory Pomeroy, MD, James Wilton, DPM and Steven Anthony, DO. Entrapment Neurology About the Foot and Ankle: An Update J Am Acad Orthop Surg January 1 2015 23: 58-66.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/1236852-workup>[http://www.wheelessonline.com/ortho/tarsal\\_tunnel\\_syndrome](http://www.wheelessonline.com/ortho/tarsal_tunnel_syndrome).

**Decision rationale:** MTUS and ODG Guidelines do not address this specific issue. A tentative diagnosis for this individual includes Tarsal Tunnel Syndrome, which can mimic chronic plantar fasciitis and is associated with neuropathic pain characteristics. This individual's pain syndrome and its chronic nature is consistent with a possible Tarsal Tunnel Syndrome. Prior electrodiagnostics were performed, but they were not specifically customized to evaluate for Tarsal Tunnel Syndrome. The prior electrodiagnostics did reveal a possible L Sural Nerve abnormality, which can be associated with chronic foot pain. Under these circumstances, the lower extremity electrodiagnostics are medically reasonable and consistent with recommended medical evaluation standards when Tarsal Tunnel is suspected. This tentative diagnosis should be communicated to the evaluating physician, as some customization of the testing parameters is necessary. The EMG/NCS bilateral lower extremities are medically necessary.