

Case Number:	CM15-0117479		
Date Assigned:	06/25/2015	Date of Injury:	05/15/2013
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male with an industrial injury dated 05/15/2013. The injured worker's diagnoses include ankle fracture and postsurgical status not elsewhere classified. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/12/2015, the injured worker reported numbness in the right foot with no significant improvement since last exam. Right ankle and right foot exam revealed restricted range of motion, decrease sensation and pain to palpitation. The treating physician prescribed services for Electromyography (EMG) /Nerve conduction velocity (NCV) bilateral lower extremities and physical therapy right ankle/foot x 12 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral lower extremities: 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), Lumbar and LEs: EDS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Electrodiagnostic testing (EMG/NCS) and Other Medical Treatment Guidelines AANEM Recommended Policy for Electrodiagnostic Medicine.

Decision rationale: The claimant sustained a work injury in May 2013, sustaining a right ankle fracture requiring surgery. He had postoperative physical therapy. When seen, there had been no improvement. He was having right foot numbness. There was decreased range of motion and decreased second and third digit sensation and decreased sensation over the plantar aspect of the foot. Authorization for physical therapy and bilateral lower extremity EMG/NCS testing was requested. Electrodiagnostic testing (EMG/NCS) is generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments. Criteria include that the testing be medically indicated. In this case, testing of the right lower extremity is indicated. There is no history of metabolic pathology such as neuropathy secondary to diabetes or thyroid disease. There would be no reason to test the asymptomatic, uninjured, left lower extremity. Bilateral lower extremity testing is not medically necessary.

Physical therapy right ankle/foot x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Foot/Ankle Physical therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in May 2013, sustaining a right ankle fracture requiring surgery. He had postoperative physical therapy. When seen, there had been no improvement. He was having right foot numbness. There was decreased range of motion and decreased second and third digit sensation and decreased sensation over the plantar aspect of the foot. Authorization for physical therapy and bilateral lower extremity EMG/NCS testing was requested. The claimant is now being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to revise his home exercise program. The request is not medically necessary.