

Case Number:	CM15-0124092		
Date Assigned:	07/08/2015	Date of Injury:	01/14/2014
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 67-year-old female patient who sustained an industrial /work injury on 1/14/14. The diagnosis includes sprain of ankle. The note dated 5/6/15 was not fully legible. Per the doctor's note dated 5/6/2015, she had complaints of pain in the left foot 0-6/10, increased with walking. The physical examination revealed tender for foot, 3rd and 5th toe and lateral malleolus. The medications list includes topical compound analgesic creams. Treatment to date includes medication, physical therapy, activity modification, splint, brace, ankle intra-articular cortisone injection. She has had EMG/NCS of the left lower extremity dated 5/11/2015 with normal findings. The requested treatments include EMG/NCV (electromyography/nerve conduction velocity test) to left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV to Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341.

Decision rationale: Q-EMG/NCV to Left Ankle. Per the ACOEM guidelines "For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies. "The note dated 5/6/15 was not fully legible. Per the doctor's note dated 5/6/2015, she had complaints of pain in the left foot with physical examination of tenderness. Failure of previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. Prior diagnostic study including left foot/ankle X-ray report is not specified in the records provided. A detailed examination of the left foot/ankle with significant objective findings that would require left ankle EMG/NCS is not specified in the records provided. The EMG/NCV of the left ankle is not medically necessary for this patient.