Case Number:	CM15-0126753		
Date Assigned:	07/13/2015	Date of Injury:	05/16/2014
Decision Date:	08/07/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 56-year-old male who sustained an industrial injury on 05/16/2014. Diagnoses include contusion of foot. Treatment to date has included medications, prolotherapy, steroid injection and physical therapy. According to the DFR dated 5/14/15, the IW reported chronic progressive pain in the lower back and ongoing burning pain in the left foot. On examination, there was tenderness over the left foot from the mid foot plantar aspect to the second and third toe. An MRI of the left foot on 1/22/15 showed degenerative changes in the first metatarsophalangeal joint, with marrow edema, distal first metatarsal and proximal aspect of the proximal phalanx with medial greater than lateral sesamoid edema and with plantar plate injury suggested medially and laterally with joint effusion and surrounding tissue edema; mid foot degenerative change with third metatarsal base cystic change/edema greater than the fourth metatarsal base. Podiatrist notes dated 2/2/15 found the IW to have limited range of motion in the base of the great toe, mostly with dorsiflexion. A request was made for bilateral custom orthotics (foot) for stability and electromyography and nerve conduction velocity study (EMG/NCV) of the lower left extremity (LLE) to assess for nerve entrapment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral custom orthotics (feet): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, bilateral custom orthotics (feet) is not medically necessary. Orthotics is recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. Both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis and heel spur syndrome). See guidelines for additional details. In this case, the injured workers working diagnosis is torticollis not otherwise specified. The date of injury is May 16, 2014. The request for authorization is dated June 10, 2015. According to a progress note dated May 14, 2015, the injured worker sustained an injury to the left foot. Anti-inflammatory drugs and physical therapy provided no relief. The worker admits to a prior injury involving the left. The injured worker subjectively complains of low back pain and left foot pain 8/10. The worker can ambulate three blocks before stopping. Objectively, there can help patient over the lumbar paraspinal muscle groups. Motor examination is normal and sensory examinations decreased to light touch L5 - S1. The left foot is tender to palpation. The treatment plan states the injured worker needs a referral to a podiatrist. Orthotics are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. There is no clinical indication for bilateral custom orthotics. Additionally, the injured worker is being referred to podiatry for evaluation. If orthotics are indicated, the consulting podiatrist may perform an evaluation. Based on the clinical information in the medical record, peer-reviewed evidence- based guidelines and guideline non-recommendations (other than for plantar fasciitis and foot pain rheumatoid arthritis), bilateral custom orthotics (feet) is not medically necessary.

Electromyogram (EMG) and Nerve conduction velocity (NCV) of the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, EMG/NCV.

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, EMG/NCV of the left foot are not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. The ACOEM states unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. In this case, the injured workers working diagnosis is torticollis not otherwise specified. The date of injury is May 16, 2014. The request for authorization is dated June 10, 2015. According to a progress note dated May 14, 2015, the injured worker sustained an injury to the left foot. Anti-inflammatory drugs and physical therapy provided no relief. The worker admits to a prior injury involving the left. The injured worker subjectively complains of low back pain and left foot pain 8/10. The worker can

ambulate three blocks before stopping. Objectively, there can help patient over the lumbar paraspinal muscle groups. Motor examination is normal and sensory examinations decreased to light touch L5 - S1. The left foot is tender to palpation. There is no neurologic evaluation of the distal left extremity including the ankle and foot. The injured worker is being referred to podiatry for evaluation. There's insufficient clinical documentation for an EMG/NCV of the left foot. There is no clinical indication or rationale for an EMG of the left foot. The injured worker's complaints are left foot pain and low back pain. There is no evidence of neuropathy in the lower extremity. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, EMG/NCV of the left foot is not medically necessary.