

Case Number:	CM15-0129897		
Date Assigned:	07/16/2015	Date of Injury:	12/19/2014
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/06/2015

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:

The injured worker is a 46 year old male who sustained an industrial injury on 12-19-2014. Mechanism of injury was a roll over injury to the right ankle. Diagnoses include right ankle strain. Treatment to date has included diagnostic studies, medications, and physical therapy. In February of 2015 an unofficial Magnetic Resonance Imaging of the right ankle revealed a mid-navicular fracture with comminution and displacement; an old calcaneal fracture, as well as a fracture of the cuneiform bone. He takes the medication Diclofenac. A physician progress note dated 05-29-2015 documents the injured worker complains of stiffness and swelling in his right foot and ankle. He has decreased vibratory sensation bilaterally. He has absent deep tendon reflexes. There is decreased range of motion of the subtalar and metatarsal joints on his right foot. The injured worker would like to continue with a conservative approach instead of surgery at this time. He has little pain and he may have peripheral neuropathy and perhaps diabetes. The treatment plan includes laboratory studies, and a neurologist to evaluate for peripheral neuropathy, and he was fitted for an Arizona brace. Treatment requested is for EMG NCS left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG NCS left lower extremity: 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 Chapter, Nerve Conduction Studies (NCS) Section.

Decision rationale: Per the MTUS Guidelines, EMG may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. The requesting physician does not provide explanation of why EMG would be necessary for this injured worker, who already has identified pathology. The MTUS Guidelines do not specifically address nerve conduction studies of the lower extremities. Per the ODG, nerve conduction studies are not recommended because there is minimal justification of performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The requesting physician does not provide explanation of why NCV would be necessary for this injured worker, who already has identified pathology. The request for EMG NCS left lower extremity is determined to not be medically necessary.