

Case Number:	CM15-0074227		
Date Assigned:	04/24/2015	Date of Injury:	06/05/2013
Decision Date:	05/27/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/18/2015

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: California
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 is a 51 year old female who sustained an industrial injury on 6/5/13. The injured worker reported symptoms in the right lower extremity. The injured worker was diagnosed as having non-traumatic rupture of tendon. Treatments to date have included activity modification, non-steroidal anti-inflammatory drugs, oral pain medication, physical therapy, and status post right ankle surgery. Currently, the injured worker complains of right ankle and right foot pain. The plan of care was for an Electromyography and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG of the Left Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicates that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. Medical records document right ankle injury on 6/15/13. The podiatric report dated 1/20/15 documented that the patient walks with not limp. Vascular examination was normal. Neurological examination was grossly intact to light touch sensation to all peripheral nerves. No neurological deficits were noted. The patient has 5/5 muscle strength with dorsiflexion, plantar flexion, inversion, and eversion. Full range of motion of the ankle joint was noted with no limitation. The secondary treating physician's progress report dated 2/27/15 documented subjective complaints of increased right ankle pain. On examination of the right ankle, there was restricted range of motion (ROM) due to pain. The patient was able to move the ankle outward and could not move inward. The diagnoses were ankle pain and foot pain. No neurological deficits were documented on physical examination. Because neurological deficits were not documented, the request for EMG electromyography is not supported by MTUS guidelines. Therefore, the request for EMG of the left lower extremity is not medically necessary.

EMG of the Right Lower Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electrodiagnostic studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 14 Ankle and Foot Complaints indicates that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. Medical records document right ankle injury on 6/15/13. The podiatric report dated 1/20/15 documented that the patient walks with not limp. Vascular examination was normal. Neurological examination was grossly intact to light touch sensation to all peripheral nerves. No neurological deficits were noted. The patient has 5/5 muscle strength with dorsiflexion, plantar flexion, inversion, and eversion. Full range of motion of the ankle joint was noted with no limitation. The secondary treating physician's progress report dated 2/27/15 documented subjective complaints of increased right ankle pain. On examination of the right ankle, there was restricted range of motion (ROM) due to pain. The patient was able to move the ankle outward and could not move inward. The diagnoses were ankle pain and foot pain. No neurological deficits were documented on physical examination. Because neurological deficits were not documented, the request for EMG electromyography is not supported by MTUS guidelines. Therefore, the request for EMG of the right lower extremity is not medically necessary.

