

<b>Case Number:</b>	CM15-0076617		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 55 year old male, who sustained an industrial injury on 2/25/13. He reported left foot and ankle, left wrist, low back injury. The injured worker was diagnosed as having fracture to talus and fibula, status post left ORIF of talus and distal fibular fracture, left fibular osteotomy, intra-articular comminuted distal radial fracture, discogenic lumbar condition with facet inflammation and radiculopathy, chronic pain syndrome and patellofemoral inflammation on left. Treatment to date has included ORIF of talus and fibula, attempted fusion of distal radial fracture, TENS unit, oral medications, physical therapy and home exercise program. Currently, the injured worker complains of pain and muscle spasms, stiffness and tightness along the right lower extremity with radiation of left and upper thigh with numbness and tingling along with pain along the ulnar collateral ligament on left with numbness and tingling in the hand with swelling. Physical exam noted tenderness across lumbar paraspinal muscles, pain along facets and pain with facet loading and weakness with range of motion and limited range of motion and tenderness of left wrist along the ulnar collateral ligament with mild tenderness along the ECU and decreased grip strength. The treatment plan included request for 12 sessions of physical therapy, x-ray of left wrist, pine specialist and spine surgical evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV Left Upper 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 11 Forearm, Wrist, and Hand Complaints Page(s): 253 - 279.

**Decision rationale:** The patient is a 55 year old male with an injury his left foot and ankle, left wrist and lumbar spine on 02/25/2013. He had a ORIF of the left talus and distal fibula. He also had a radius fracture. He has been treated with a TENS unit, medications, physical therapy and a home exercise program. In 09/2014, he had a left wrist injection that provided 60% improvement. There is no documentation of any new injury, red flag signs or progression of neurologic symptoms. There is insufficient documentation to substantiate that the patient met ACOEM criteria for the requested testing. The request is not medically necessary.

**EMG/NCV 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 14 Ankle and Foot Complaints Page(s): 361 - 382.

**Decision rationale:** The patient is a 55 year old male with an injury his left foot and ankle, left wrist and lumbar spine on 02/25/2013. He had a ORIF of the left talus and distal fibula. He also had a radius fracture. He has been treated with a TENS unit, medications, physical therapy and a home exercise program. In 09/2014, he had a left wrist injection that provided 60% improvement. There is no documentation of any new injury, red flag signs or progression of neurologic symptoms. There is insufficient documentation to substantiate that the patient met ACOEM criteria for the requested testing. The request is not medically necessary.

**Conductive garments (purchase): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS, Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** The patient is a 55 year old male with an injury his left foot and ankle, left wrist and lumbar spine on 02/25/2013. He had a ORIF of the left talus and distal fibula. He also had a radius fracture. He has been treated with a TENS unit, medications, physical therapy and a home exercise program. In 09/2014, he had a left wrist injection that provided 60%

improvement. The treatment for which the conductive garment is to be used is not an ACOEM recommended treatment. Thus, the garment is also not recommended.

**Blood Test: Kidney: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

**Decision rationale:** The patient is a 55 year old male with an injury his left foot and ankle, left wrist and lumbar spine on 02/25/2013. He had a ORIF of the left talus and distal fibula. He also had a radius fracture. He has been treated with a TENS unit, medications, physical therapy and a home exercise program. In 09/2014, he had a left wrist injection that provided 60% improvement. There is no documentation of any kidney injury. There is no documentation that any of the medication prescribed for the treatment of his injuries caused renal damage and this would have been noted by this point in time. There is no documentation of any new medications started. The requested blood test is not medically necessary.

**Blood Test: Liver Function: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

**Decision rationale:** The patient is a 55 year old male with an injury his left foot and ankle, left wrist and lumbar spine on 02/25/2013. He had a ORIF of the left talus and distal fibula. He also had a radius fracture. He has been treated with a TENS unit, medications, physical therapy and a home exercise program. In 09/2014, he had a left wrist injection that provided 60% improvement. There is no documentation of any liver injury. There is no documentation that any of the medication prescribed for the treatment of his injuries caused liver damage and this would have been noted by this point in time. There is no documentation of any new medications started. The requested blood test is not medically necessary.