

Case Number:	CM13-0018620		
Date Assigned:	01/15/2014	Date of Injury:	01/21/2010
Decision Date:	04/22/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is 59 years old injured worker with a date of injury of January 21, 2010, sustained from a fall at work twisting her right knee. The diagnoses includes cervical strain, trapezius strain, thoracic strain, lumbar, hip and knee strain, and sciatica. Treatment has included an arthroscopic left knee medial and lateral partial meniscectomy, debridement chondroplasty of lateral femoral condyle and patella on the left on 11/5/13, lumbar epidural steroid injections, and physical therapy. There is a request for an x-ray of the right ankle and x-ray of the left ankle. A 5/13/13 PR-2 office visit indicates that the patient continues to report falling on several occasions. She is not sure if it is because of her knees or because of both of her ankles being slightly unstable. On physical exam, she continues to have medial and lateral joint line tenderness and retropatellar tenderness along the lateral facet with synovial thickening and a 0 to 1 + effusion. Her left knee continues also to have medial and lateral joint line tenderness. The evaluation of her ankles stated that there was some laxity laterally. The MRI demonstrates what appears to be degenerative change in the weight bearing aspect of the lateral femoral condyle and lateral facet of the patella. The treatment plan included a recommendation for one injection into the right knee, an MRI of the left knee and x-rays of the bilateral ankles. There was discussion that at some point stress views of the ankles would be obtained. Per the 7/1/13 PR-2 report according to the patient, she did have a court hearing where the bilateral ankle x-rays that were requested by her physician were authorized, but she is awaiting scheduling for this. The patient also reports that she did have lumbar spine x-rays performed. A 2/8/10 physical exam by a physician at Concentra revealed that the patient's gait is antalgic. Her left ankle gross examination of the ankle reveals no deformity, edema, ecchymosis, redness or warmth. The patient's ankle ROM is normal for the foot ankle and toes in all planes with pain. Palpation is

positive for pain at lateral malleolus and Achilles on the left. There is no instability of the ankle mortis. There is a 1/22/10 physician exam at Concentra revealing that the ROM of the ankle is normal for the foot ankle and toes in all planes without pain. An 8/11/11 lumbar MRI reveals that at the L5-S1 there is grade I spondylolisthesis, mild annular disc bulge in conjunction with severe bilateral hypertrophic facet arthropathy, resulting in moderate bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the right and left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1044-1046.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines (ODG) state that radiographs are appropriate in suspected ankle injury meeting the Ottawa Ankle Rules but also in patients with chronic ankle pain with suspected ankle instability. Additionally the ACOEM Guidelines states that radiographs can be obtained if a patient's age exceeds 55 years old. Furthermore the ACOEM Guidelines states that ankle radiographs are appropriate if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. In this case patient has chronic left ankle pain, laxity laterally in the bilateral ankles on physical exam, and age is 59 years old. The request for an x-ray of the right and left ankle is medically necessary and appropriate.