

<b>Case Number:</b>	CM13-0030631		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 10, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; an ankle support; initial return to work; and subsequent removal from the workplace. In a utilization review report of September 16, 2013, the claims administrator denied request for MRI imaging of the ankle and electrodiagnostic testing of the lower extremity. The claims administrator incorrectly stated the MTUS and ACOEM do not address the ankle MRI imaging and also incorrectly cited ACOEM chapter 8 for this request for lower extremity EMG testing. On May 3, 2013, the applicant's podiatrist stated that he diagnosed the applicant with a right calcaneal fracture and osteochondral lesion of the ankle. A CT scan was sought. In a September 12, 2013 progress note, the applicant apparently presented with persistent complaints of ankle pain, 4-5/10 with occasional numbness to the feet and toes. Mild swelling was appreciated about the ankles with associated tenderness to touch. Swelling and limited range of motion were noted. The applicant was asked to employ an ankle brace, continue physical therapy, and pursue an ankle MRI and electrodiagnostic testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in chapter 14, MRI imaging may be helpful to help clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In this case, the attending provider stated that he suspects an occult fracture or osteochondral lesion. MRI imaging to more clearly delineate the same is indicated, particularly given the applicant's failure to progress. Therefore, the request is certified.

**NCV/EMG of the lower extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in chapter 14 table 14-6, electrical studies for routine ankle and foot problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is "not recommended." In this case, the applicant's clinical presentation is seemingly consistent with an occult fracture or other diagnosis of delayed recovery such as osteochondritis dissecans. There is no clear evidence or suspicion of an entrapment neuropathy evident. The most recent office visit in question did allude to some low-grade issues with numbness and tingling; however, these are outweighed by the applicant's complaints of pain and swelling about the ankle. These complaints of numbness and tingling could very well represent a function of structural lesion such as an occult fracture, osteochondritis dissecans, or other osteochondral lesion as opposed to representing an entrapment neuropathy. Therefore, the proposed electrodiagnostic testing remains non-certified, on independent medical review.