

<b>Case Number:</b>	CM13-0041400		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Pain Management has a subspecialty in Disability Evaluation 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:

This is a 55 year old male with stated date of work related injury of June 25, 2011, Mechanism of injury: The patient stated that while working for [REDACTED], as he was walking in the parking lot of [REDACTED] and jumped over some bushes on the pathway and his right foot landed on a wooden pallet that was leaning up against a bush. He did not see the pallet when he fell. His right foot went into one of the holes of the wooden pallet causing him to twist his right ankle. He fell down to the ground and landed on his left side. He had immediate pain in the left shoulder and right ankle and slight lower back pain. He had right ankle swelling. He reported the injury to his regional manager, but he was not referred to any clinic that day. Since the date of injury was June 25, 2011. On June 28, 2011, he saw a company physician at [REDACTED]. He had right ankle and left shoulder x-rays taken. Naproxen, Ranitidine and Tramadol were prescribed. One crutch was dispensed which he used until two months ago when he purchased a cane. He stopped taking the Ranitidine because he developed an adverse effect from the medication. He continued to see the company for about a week and half, where he had ultrasound physical therapy without benefit. A couple of weeks after the June 25, 2011 injury, the lower back pain radiated to the right lower extremity. The patient sought the services of an attorney. On July 13, 2011, he had an orthopedic evaluation through the referral of his attorney. He had x-rays taken and medications were prescribed. He received physical therapy for two months which helped temporarily. Acupuncture was recommended which was not authorized. On August 17, 2011, he had MRIs to the left shoulder and right ankle. On October 24, 2011, he had electrodiagnostic testing of the bilateral lower extremities. He continued seeing the physician for reexaminations and medications were prescribed. Two months ago, he was examined by a neurologist. On 02/21/13, the patient was evaluated noting low back pain complaints. After the evaluation and review of prior medical information, lumbar spine

strain/sprain was diagnosed with EMG evidence of radiculopathy. It is noted that x-rays has been obtained on approximately 06/29/11; however, it is not clearly stated if these were for the shoulder, the ankle or both. On 08/08/13 in follow-up noted ongoing low back pain complaints. On 08/15/13 the physician noted no improvement or change in pain to the lateral or medial aspect of the RIGHT ankle with the pre-fabricated brace. The patient reported continued feeling of the RIGHT ankle giving out with immediate pain on weight bearing of the RIGHT foot. The physical examination noted tenderness of the anterior lateral aspect of the RIGHT ankle, pain on inversion and eversion of the subtalar joint and limited dorsiflexion of the ankle. Per the UR nurse's notes, the patient has received prior PT for the right ankle; however, the amounts of visits or progress notes have not been provided for review. The patient did have an antalgic gait and an MRI was requested of the foot and ankle to rule out an occult fracture.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI without contrast for the right foot, ankle to rule out possible occult fracture:** 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): 374.

**Decision rationale:** Documentation provided notes that the patient sustained injury on 06/25/11 to the right ankle and left shoulder. In this case, the patient has requested an MRI to rule out an occult fracture, which is not supported by criteria. Therefore, the request for MRI without contrast for the right foot, ankle to rule out possible occult fracture is not supported by the guideline. ACOEM on page 374 states: Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Therefore the request for MRI without contrast for the right foot, ankle to rule out possible occult fracture is not medically necessary.

**Physical therapy right foot 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

**Decision rationale:** Regarding the PT, the guideline recommends active physical therapy to restore functionality. This patient has had several sessions of physical therapy which was not disclosed in the records provided for review. No progress notes have been provided for review indicating when this treatment was received or supporting that functional improvement was

obtained. According to ODG guidelines, the physician should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Ankle/foot Sprain (ICD9 845): Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 34 visits over 16 weeks Therefore, the request for PT 2x4 for the RIGHT foot is not medically necessary.