MAXIMUS Federal Services

Case Number:	CM13-0062084		
Date Assigned:	12/30/2013	Date of Injury:	11/28/2012
Decision Date:	03/31/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/06/2013

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 and knee pain reportedly associated with an industrial injury of November 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; x-rays of the left knee on November 21, 2013, interpreted as negative; x-rays of the right knee on November 21, 2013, also interpreted as negative; x ray of left ankle on November 21, 2013, again interpreted as essentially unremarkable; and extensive periods of time off of work, on total temporary disability. In a utilization review report of December 2, 2013, the claims administrator denied a request for CT imaging of the left ankle and also denied a request for MRI imaging of the left knee. In both cases, the claims administrator cited non-MTUS ODG Guidelines, although the MTUS, through ACOEM, does address both issues. The prior utilization reviewer does suggest in his report that the denials represent prospective denials for new imaging studies of the body parts in question. In a clinical progress note of November 8, 2013, handwritten, the applicant presents with persistent left knee pain, 6/10. The applicant also seemingly reports persistent low back and left ankle pain. The applicant exhibits tenderness about the lumbar spine, left ankle, and low back, it appears. A CT scanning of the left ankle is endorsed to rule out a cortical defect while MRI imaging of the left knee is endorsed to rule out an insufficiency fracture of the tibial spine. The applicant is placed off of work, on total temporary disability. Knee and ankle braces are also endorsed, in addition to the imaging studies in question. An earlier progress note of October 8, 2013 is notable for comments that the applicant reports persistent back pain, left ankle pain, and left knee pain. It is stated that the applicant has undergone 24 sessions of physical therapy and has undergone x-rays of the lumbar spine, and CT scans of the left ankle and left knee. The applicant exhibits generalized tenderness about the lateral malleolus with limited ankle range of motion. Tenderness about the left medial

joint space is also appreciated with associated crepitation. The attending provider states that he would like to obtain all the data including the prior MRIs of the left ankle and left knee as well as the CT scans of the left ankle and left knee. Bracing is again sought. The CT of the left knee without contrast of October 11, 2013 is provided for review and was officially interpreted as normal. The MRI of the left knee was apparently performed on April 4, 2013, and was interpreted as demonstrating a signal alternation in the tibial spine, which could represent a degenerative change versus fracture. The applicant was asked to obtain a follow-up x-ray versus CT to clarify. Also reviewed is an MRI of the left ankle of April 4, 2013, notable for a possible fracture of the lateral malleolus of indeterminate age. Follow up plain film x-rays were endorsed. The applicant had had a prior x-ray of the left ankle on December 28, 2012, notable for communicated fracture of the distal tip of the fibula.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT SCAN OF THE LEFT ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368, 375.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in chapter 14, table 14-2 do state that CT scanning can be employed to establish a diagnosis of metatarsal stress fracture and the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-5, page 375, do state that CT scanning is scored at 3/4 in its ability to identify both metatarsal fractures and toe fractures, in this case, the applicant has seemingly undergone prior CT scanning of the injured ankle at an earlier point in time, results unknown. The applicant has also had a recent negative plain film of the foot and ankle on November 21, 2013. An earlier x-ray of the left ankle of December 28, 2012 was notable for comminuted fracture of the distal tip of the fibula. Thus, the applicant apparently sustained additional ankle fracture at an earlier point in time. This has seemingly healed. The applicant has had numerous plain film studies and MRI studies of the ankle in question. It is unclear what purpose a CT scan would serve at this point in time, given the, lengthy history of prior diagnostic testing and the already established diagnosis of remote history of distal fibular fracture. Therefore, the request for CT scan of the left ankle is not certified, on independent medical review.

MRI OF THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

Decision rationale: The Physician Reviewer's decision rationale: While the MTUS Guideline in ACOEM Chapter 13, Table 13-2 does acknowledge that MRI imaging can establish various diagnoses of internal derangement, including that of meniscal tear, collateral ligament tear, anterior cruciate ligament tear, and/or posterior cruciate ligament tear, in this case, however, the applicant has already had numerous MRI and CT imaging studies of the knee in question, the bulk of which were negative or equivocal. It is unclear why repeat imaging is sought and/or how it would influence the clinical picture or treatment plan. Therefore, the request for knee MRI imaging is not certified, on independent medical review.