

<b>Case Number:</b>	CM14-0102836		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/15/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert 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 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/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 patient is a 57 year old male who has developed chronic left foot and ankle pain subsequent to an injury reported 4/14/10. He has had x-rays on 2 prior occasions which were read as normal. He has had MRI studies on 2 prior occasions which showed some chronic soft tissue changes and possible intrinsic muscle atrophy. Electrodiagnostic studies were performed on 10/21/11 and consistent with a sensory polyneuropathy. He continues to have pain the foot and ankle and has developed a chronic pain syndrome. He was recently treated with physical therapy and utilizes only NSAID's. It is clearly documented that surgical intervention has been and continues to be declined by the patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **X-Ray of the Left Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** MTUS Guidelines supports the use of X-rays for persistent pain or the presence of "red flag" conditions to evaluate for a condition that may need procedural intervention. X-rays have been performed twice before this request and this patient declines procedural intervention (surgery). Under these circumstances the request for repeat X-rays is not consistent with Guidelines and is not medically necessary.

**X-Ray of the Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** MTUS Guidelines supports the use of X-rays for persistent pain or the presence of "red flag" conditions to evaluate for a condition that may need procedural intervention. X-rays have been performed twice before this request and this patient declines procedural intervention (surgery). Under these circumstances the request for repeat X-rays is not consistent with Guidelines and is not medically necessary.

**MRI of the Left Foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** MTUS Guidelines supports the use of MRI scanning for persistent pain or the presence of "red flag" conditions to evaluate for a condition that may need procedural intervention. MRI scans have been performed twice before this request and this patient declines procedural intervention (surgery). Under these circumstances the request for repeat MRI scanning is not consistent with Guidelines and is not medically necessary.

**MRI of the Left Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

**Decision rationale:** MTUS Guidelines supports the use of MRI scanning for persistent pain or the presence of "red flag" conditions to evaluate for a condition that may need procedural intervention. MRI scans have been performed twice before this request and this patient declines procedural intervention (surgery). Under these circumstances the request for repeat MRI scanning is not consistent with Guidelines and is not medically necessary.

**Orthopedic Evaluation for the Left Foot and Ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 381.

**Decision rationale:** MTUS treatment algorithm 14-4 recommends referral to an orthopedist if surgery or other invasive procedure is anticipated. It is clearly documented that the patient declines surgery/procedures at this point in time. Under these circumstances the medical necessity of an orthopedic surgery referral is not demonstrated. The orthopedic evaluation is not medically necessary.

**Electromyography (EMG) of the Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** MTUS Guidelines supports electrodiagnostic testing of the foot or ankle when a nerve compression is evident on clinical grounds and surgical intervention may be warranted for the compression. Prior electrodiagnostics did not support a nerve compression and no surgery is planned. Under these circumstances repeat electrodiagnostic testing (EMG and NCV) is not medically necessary.

**Nerve Conduction Velocity Study (NCV) of the Lower Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377.

**Decision rationale:** MTUS Guidelines supports electrodiagnostic testing of the foot or ankle when a nerve compression is evident on clinical grounds and surgical intervention may be warranted for the compression. Prior electrodiagnostics did not support a nerve compression and no surgery is planned. Under these circumstances repeat electrodiagnostic testing (EMG and NCV) is not medically necessary.