

<b>Case Number:</b>	CM14-0010942		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine and 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 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:

The patient is a 39-year-old male with a date of injury 5/20/13. The diagnoses include left proximal oblique mild-moderate displaced fracture, left ankle sprain rule/out syndesmosis ligament injury. There is a request to continue chiropractic treatments for two to three times a week for six weeks as well as a request for continuing Tramadol 50 mg and magnetic resonance imaging (MRI) of the left knee and ankle. There is a 12/13/13 orthopedic primary treating physician progress report that states that the patient complains of left knee pain, which is 6/10, popping and occasionally giving way. He has left ankle pain constant 6/10. On physical exam, there is a tender fibular head. Sensory exam is intact. The patient walks with a limp and uses a knee immobilizer. His left lateral ankle ligaments and syndesmosis distally are tender. There is no pain on forceful external rotation of the left ankle-rays of the left ankle reveal no fracture or widening of the ankle mortise. X-rays of the left knee fracture is healed. The treatment plan includes continue chiropractic care, MRI of the left knee and ankle, continuing Tramadol. The plan also included weaning off the hinged neoprene knee sleeve, left ankle brace, home exercises, moist heat treatments, Mentherm, Tramadol, and a podiatry consult. On 10/22/13, a there was chiropractic physician document. The diagnoses at that time included left ankle sprain/strain and status post left proximal fibular oblique, mild to moderately displaced fracture. The plan was for chiropractic care, physiotherapy, and kinetic activities 2-3x1week for 6 weeks. A note from physical therapy dated 10/21/13 stated the patient had reached maximal benefit and was to be discharged and follow up with pain management and orthopedic surgery for ongoing left knee pain and swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE CHIROPRACTIC TREATMENTS FOR TWO TO THREE TIMES A WEEK FOR SIX WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MANUAL THERAPY & MANIPULATION,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The request to continue chiropractic treatments for two to three times a week for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines do not recommend chiropractic treatment/manual medicine for ankle and foot and knee complaints. The patient has already had chiropractic therapy for this condition without significant improvement in function or pain. The request to continue chiropractic treatments for two to three times a week for six weeks is not medically necessary.

**CONTINUE TRAMADOL 50 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The request to continue Tramadol 50 mg is not medically necessary per the MTUS guidelines. The request does not indicate a frequency or duration of use of Tramadol. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree therefore Tramadol 50mg is not medically necessary. The MTUS guidelines state to continue opioids if the patient has improved functioning and pain. The request for Tramadol 50mg is not medically necessary.

**MAGNETIC RESONANCE IMAGING (MRI) OF LEFT KNEE AND 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) Ankle and Foot- Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335 and 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot- Magnetic resonance imaging (MRI)

**Decision rationale:** Magnetic resonance imaging (MRI) of the left knee and ankle is not medically necessary as written. The ACOEM knee chapter states that if the patient does not have red flags for serious conditions, the clinician can then determine which common musculoskeletal disorder is present. The ACOEM ankle and foot chapter states that 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. The ODG ankle chapter states that after acute trauma, MRI is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotc ligaments and that MRI can be appropriate in pain of uncertain etiology with normal plain films. The documentation submitted does not reveal evidence of red flags or internal derangement of the knee on physical exam and therefore does not support the medical necessity of a knee MRI. The request for both an MRI of the left knee and left ankle is not medically necessary.