

Case Number:	CM14-0110858		
Date Assigned:	08/01/2014	Date of Injury:	03/28/2008
Decision Date:	10/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 Illinois. 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 61-year-old woman bus driver injured her right ankle when descending from a bus on March 28, 2008. She was diagnosed with an inversion injury and had a hard cast for 6 weeks, a boot for 4 weeks and then a brace. An MRI done at that time showed some right ankle abnormalities, she was told, and she needed surgery, she was told. A NCV test Jan 22, 2014 showed signs of early diabetic neuropathy in her right lower extremity. She had had right ankle surgery on May 22, 2013. A primary treating provider's report on May 23, 2014 stated the worker complained of right foot/ankle pain aggravated with walking and that she had tenderness to the plantar fascial attachment to the calcaneus, tenderness to the Achilles tendon attachment to the calcaneus, and medial and lateral joint line tenderness. Range of motion is essentially normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)- Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle, Magnetic resonance imaging (MRI)

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address magnetic resonance imaging (MRI) of the foot/ankle. Per the Official Disability Guidelines (ODG), magnetic resonance imaging (MRI) of the foot/ankle is recommended as indicated below. Magnetic resonance imaging (MRI) provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The majority of injured workers with heel pain can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), Magnetic resonance (MR) imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. Magnetic resonance imaging (MRI) is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankle magnetic resonance imaging (MRI) scans obtained before evaluation by a foot and ankle specialist are not necessary. Second-look arthroscopy is not necessary to evaluate repaired talar cartilage compared to magnetic resonance imaging (MRI). Magnetic resonance imaging (MRI) has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. However sensitivity was low with magnetic resonance imaging (MRI). In a symptomatic injured worker with ligamentous and chondral pathology in the ankle, negative results on magnetic resonance imaging (MRI) must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. Magnetic resonance imaging (MRI) reliably detects acute tears of the anterior talofibular ligament and calcaneofibular ligament. After acute trauma, magnetic resonance imaging (MRI) is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotric ligaments. Indications for imaging -- MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal. Chronic ankle pain, suspected tendinopathy, plain films normal. Chronic ankle pain, pain of uncertain etiology, plain films normal. Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular. Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable. Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Repeat magnetic resonance imaging (MRI) is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The worker does not meet these criteria. Although she has ankle pain and tenderness, no radiograph results are documented. Radicular signs are not noted. Physical exam shows essentially normal range of motion. Last, there is a note that she had a magnetic resonance imaging (MRI) after she was treated and was told it was abnormal, but no results are provided. The criteria state that repeat magnetic resonance imaging (MRI) is not routinely recommended. The request is not medically necessary.

Low Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)-Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Per the evidence based guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. This worker's injury is more than 6 years old, and there is no documentation of an incident of aggravation or exacerbation, just chronic pain. The low back brace is not medically necessary.