

<b>Case Number:</b>	CM14-0130519		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Emergency Medicine and Fellowship, has a subspecialty in Emergency Medical Services and is licensed to practice in Texas. 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 injured worker is a 29-year-old male who reported an injury on 08/13/2013 while walking down a hill side that was very slippery, and in the process of attempting to walk down the hill side, he slipped and twisted his left ankle and knee. Diagnoses were left knee strain/sprain with myxoid degeneration of posterior horn of medial meniscus, left ankle strain/sprain, with synovial cyst of talofibular joint, elevated blood pressure, rule out hypertension secondary to pain, lumbar spine strain/sprain, rule out herniated lumbar disc with radiculitis/radiculopathy, right hand strain/sprain, rule out internal derangement, right calf strain/sprain with full recovery. Past treatments have been medications, physical therapy, and a left knee brace. Diagnostic studies were an MRI of the left ankle. Impression was synovial cyst at inferior aspect of talofibular joint, small effusion at the talofibular and subtalar joint, minimal retrocalcaneal bursitis, and os trigonum noted. There was an MRI of the left knee with an impression of myxoid degeneration in the posterior horn of medial meniscus and small knee joint effusion. Past surgeries were not reported. Physical examination on 06/11/2014 revealed complaints of left knee pain and left ankle pain. The injured worker stated the pain radiated into the legs. The injured worker relied on rest, activity modification, heat, medications, physical therapy, and IF unit for pain relief. Physical examination of the left knee revealed medial and lateral joint line tenderness; positive chondromalacia patella compression test, on the left; and decreased mobility to the left ankle. There was tenderness to palpation along the medial and lateral malleolus with mild swelling. Medications were not reported. Treatment plan was for an electromyography and nerve conduction study, also requesting a left hand cane to assist the injured worker with ambulation. The rationale for the nerve conduction study and electromyography were submitted for review. The Request for Authorization was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI Arthrogram of the left ankle and left knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The request for MRI arthrogram of the left ankle and left knee is non-certified. The California ACOEM states for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once red flag issues are ruled out. Routine testing, i.e., laboratory test, plain film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition, or of referred pain. For injured workers with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings, such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendonitis, 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 injured worker reported that medications and physical therapy helped to relieve the pain in his left ankle and left knee. There were no red flags upon examination. Therefore, the request is non-certified.

### **Left handed cane:** Overturned

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

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

**Decision rationale:** The request for Left handed cane is certified. The Official Disability Guidelines for walking aids (canes, crutches, braces, orthoses, and walkers) is recommended for injured workers causing impaired ambulation, when there is a potential for ambulation with these devices. The injured worker was reported to be having difficulty ambulating. Therefore, the request is certified.

**Electromyography (EMG) , bilateral lower extremities QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 177-179.

**Decision rationale:** The request for Electromyography (EMG) , bilateral lower extremities QTY: 1.00 is non-certified. The California Medical Treatment Utilization Schedule and ACOEM recommend electrical studies (including electromyography) for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. The injured worker does not have any diagnosis of tarsal tunnel syndrome or entrapment neuropathies. Therefore, the request is non-certified.

**Nerve Conduction Velocity (NCV), bilateral lower extremities QTY: 1.00: 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), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 177-179.

**Decision rationale:** The request for Nerve Conduction Velocity (NCV), Bilateral lower extremities QTY: 1.00 is non-certified. The California Medical Treatment Utilization Schedule and ACOEM recommend electrical studies (including electromyography) for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies is not recommended. The injured worker does not have any diagnosis of tarsal tunnel syndrome or entrapment neuropathies. Therefore, the request is non-certified.