

Case Number:	CM14-0150835		
Date Assigned:	09/19/2014	Date of Injury:	01/08/2005
Decision Date:	11/26/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Practice and is licensed to practice in Mississippi and 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 45-year-old female who reported injury on 01/08/2005 caused by to unspecified mechanism. The injured worker's treatment history included medications, x-rays, MRI of the left knee, and surgery. The injured worker was evaluated on 09/05/2014 and it was documented the injured worker complained of pain in her left ankle. She states that it is fine when she is walking but however if she is in a position where she is sitting or lying down in any changed position, she states it is quite bothersome. It was noted she was having a quite a bit of pain in the Achilles. The injured worker had undergone an ultrasound of the Achilles tendon that revealed there was no full thickness tear seen. The Achilles tendon was thickened and heterogeneous with some calcifications and increased vascularity likely chronic Achilles tendinosis. It was noted on the ultrasound report that MRI may be beneficial for further evaluation. It was documented the injured worker was previously approved to see podiatry back in January. However, all of a sudden, the reviewers are indicating that is not approved. Objective findings reveal tenderness along the Achilles with mild swelling and edema, which was a fatty tissue that was found on the MRI. The diagnoses included internal derangement on the left knee, status post meniscectomies with pes anserine bursa inflammation, medial epicondylitis on the left, status post release, wrist joint inflammation on the left, status post arthroscopy, TFCC ligament tear noted, CMC joint inflammation noted on the thumb on the left treated conservatively, ulnar collateral ligament injury of the thumb on left, status post imbrication, weight gain of 30 pounds, and element of depression and stress. Request for authorization dated 07/22/2014 was for MRI of the ankle, walking boot, podiatry referral, standing x-ray for the left knee, and PT x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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

Decision rationale: e)The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed to 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 any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, 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. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle radiographic series is indicated if the patient is experiencing any pain in the: Malleolar area, and any of the following findings apply: a) tenderness at the posterior edge or tip of the lateral malleolus; b) tenderness at the posterior edge or tip of the medial malleolus; or c) inability to bear weight both immediately and in the emergency department. Mid foot area, and any of the following findings apply: a) tenderness at the base of the fifth metatarsal; b) tenderness at the navicular bone; or c) inability to bear weight both immediately and in the emergency department. Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. 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. It was noted the injured worker had an unofficial ultrasound which showed no full-thickness. Achilles tendon tear and chronic calcific Achilles tendonitis noted and MRI was recommended which showed no change from the readings that ultra sound had given. However, the provider failed to indicate duration of symptoms and failed conservative care. As such, the request for MRI for the ankle is not medically necessary.

Walking boot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines state that comfort is often a patient's first concern. Nonprescription analgesics, short-term non-weight bearing, cold application and elevation will provide sufficient pain relief for most patients with acute and sub acute symptoms. If treatment response is inadequate (e.g., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences guide the clinician's choice of recommendations. Other miscellaneous therapies have been evaluated and found to be ineffective or minimally effective. In particular, iontophoresis and phonophoresis have little or no proven efficacy in treating foot and ankle complaints. Rigid orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The provider failed to indicate an examination and/or diagnosis of fasciitis or metatarsalgia. As such, the request for walking boot is not medically necessary. Additionally, the request failed to indicate which foot is requiring the walking boot. The request is not medically necessary and appropriate.

Podiatry referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM, Chapter 6, page 163.

Decision rationale: The requested is not medically necessary. American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. The provider noted the injured worker had already been approved for referral to the podiatry. However, the provider failed to submit previously approved referral to the podiatry back in 01/2014. As such, the request for podiatry referral is not medically necessary.

Standing x ray left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Page(s): 98,99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: e)The requested service is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to

support the decision not to obtain a radiograph following knee trauma. Patient is able to walk without a limp. Patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: Joint effusion within 24 hours of direct blow or fall, palpable tenderness over fibular head or patella, inability to walk (4 steps) or bear weight immediately or within a week of the trauma and inability to flex knee to 90 degrees. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hem arthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. The provider indicated that weight bearing radiographs of the left knee were obtained on 07/21/2014. It failed to indicate the rationale why additional radiographs are needed. As such, the request for standing x-ray of left knee is not medically necessary.

PT x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 pg. 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has received physical therapy. However, outcome measures were not submitted for review. The provider failed to indicate long term functional goals. The request that was submitted failed to indicate the location that is required for physical therapy. Additionally, the request exceeds the recommended amount of visits per guideline. As such, the request for PT x12 is not medically necessary.