

Case Number:	CM14-0048037		
Date Assigned:	07/21/2014	Date of Injury:	04/08/2013
Decision Date:	09/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/16/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 25-year-old female who reported an injury when a cart landed on her on 04/08/2013. On 11/14/2013, her diagnoses included history of left ankle sprain/strain, ligamentary laxity of the left ankle, and bilateral hypermobile ankle. An MRI of the left ankle from 09/06/2013 revealed a small subtalar joint effusion posteriorly but an otherwise normal MRI of the left ankle. On 03/11/2014, x-rays of the left ankle performed on 02/07/2014 were reviewed. They revealed normal cartilage interval but demonstrated significant widening of the talofibular joint on stress views, which was evidence of the laxity measuring 1 cm, consistent with a ligamentary injury. The treatment plan included a recommendation for a lateral ligamentary reconstruction procedure. It was further recommended that she continue to utilize ankle support devices with weight-bearing activities or when walking on uneven surfaces. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS of the left lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for an NCS of the left lower extremity is not medically necessary. The California ACOEM Guidelines recommend that for patients with continued limitations of activity after four 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. This worker's MRI and x-rays revealed significant and adequate diagnostic information for continued care and treatment recommendations. Nerve conduction studies are not included in the California ACOEM Guidelines for ankle injuries. The need for a nerve conduction study was not clearly demonstrated in the submitted documentation. Therefore, this request for an NCS of the left lower extremity is not medically necessary.