

Case Number:	CM14-0064689		
Date Assigned:	07/11/2014	Date of Injury:	01/21/2010
Decision Date:	09/10/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 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 patient is a 59 year-old female with date of injury 01/21/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/09/2014, lists subjective complaints as pain in the knees bilaterally that radiates down to the ankles with associated instability and weakness. Objective findings include tenderness to palpation and pain was noted on the medial joint line. The examination was consistent with ACL laxity and a 1+ anterior drawer and a 1+ Lachman on the left. The diagnoses are anterior cruciate ligament tear, left knee; osteochondral defect, left lateral femoral condyle; and right knee meniscal tear/osteochondral lesion. The patient is status post left knee arthroscopy. She had a lateral femoral condyle osteochondral defect and an ACL insufficiency. The physician is requesting bilateral ankle x-rays because the patient is complaining of ankle instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray 3 way Bilateral Ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: According to the MTUS, ankle x-rays are appropriate when the Ottawa Criteria apply. For the ankle, these criteria are: 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. 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. The physician is trying to rule out ankle instability, and the medical records do not contain documentation for any of the above criteria. Therefore, the request is not medically necessary.