

Case Number:	CM14-0084526		
Date Assigned:	07/21/2014	Date of Injury:	08/14/2013
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 and 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 patient is a 63 year old female with date of injury 8/14/13. The treating physician report dated 4/23/14 indicates that the patient presents with continued pain affecting the left ankle and foot following an injury that occurred when 3 crates fell on her left leg. MRI report dated 1/10/14 of the left foot, left ankle and left Tibia/fibula revealed subchondral cyst formation within the first metatarsal head and calcaneal spurring. The current diagnoses are: Left foot contusion, Left ankle contusion, Left tibial contusion. The utilization review report dated 6/3/14 denied the request for 8 acupuncture treatments and MRI of the left ankle based on lack of documentation to support the request. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with chronic pain affecting the left ankle and foot. The current request is for Acupuncture 8 sessions. The treating physician notes in the 1/31/14 report that the patient was initially prescribed acupuncture 2x4. The 3/12/14 report again requests

acupuncture 2x4 and there is no indication that the patient had received acupuncture since the initial request on 1/31/14. The treating physician report dated 4/23/14 does not provide any information regarding the results of any acupuncture performed and again there is a request for 8 acupuncture sessions. The utilization review report dated 6/3/14 states that the patient was authorized for acupuncture 4 sessions on 2/18/14. The Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture with frequency and duration as follows, Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. Optimum duration: 1 to 2 months. The treater in this case has repeatedly requested authorization for acupuncture care and there is no documentation of functional improvements in relation to prior acupuncture treatments to justify continued acupuncture treatment as the guidelines recommend. The current request for 8 acupuncture treatments is not supported as an initial trial and it is not supported as ongoing treatment with documentation of functional improvement. Therefore, the request not medically necessary.

MRI of left ankle/foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS ODG Ankle and foot chapter online Magnetic Resonance Imaging (MRI), Recommended as indicated below. 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. (Colorado, 2001) (ACR-ankle, 2002) (ACR-foot, 2002) The majority of patients 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), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. (Narvaez, 2000) 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 MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. (Tocci, 2007) Second-look arthroscopy is not necessary to evaluate repaired talar cartilage compared to MRI. (Lee2, 2010) MRI has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions.

Decision rationale: The patient presents with chronic pain affecting the left ankle and foot. The current request is for MRI of the left ankle and foot. The patient received an MRI of the left foot, left ankle and left tibia/fibula that showed subchondral cyst formation within the first metatarsal head and calcaneal spurring. In reviewing the 224 pages provided for this review there is nothing in the treating physician's reports to indicate that a repeat left ankle and foot MRI is medically necessary. The MTUS Guidelines do not address repeat MRI scans. The Official Disability Guidelines state that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no documentation in the records provided to indicate that there has been a

significant change or findings suggestive of significant pathology. Recommendation is not medically necessary.