

Case Number:	CM14-0152528		
Date Assigned:	09/30/2014	Date of Injury:	06/01/2011
Decision Date:	01/29/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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, has a subspecialty in Interventional spine 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 53 year old male with an injury date of 06/01/11. The patient is status post left knee surgery in 2013 and status post right knee arthroscopy and meniscectomy on 05/23/13, according to progress report dated 03/02/14. As per progress report dated 09/03/14, the patient complains of weakness and instability in bilateral ankles along with pain which appears only when he rolls his ankles. The aching and intermittent pain is rated as 1/10 at worst. The patient also experiences ankle sprain once every 2-3 months which is associated with periodic edema. Physical examination reveals mild tenderness to palpation in the lateral gutter along with mild laxity in the anterior drawer bilaterally. Range of motion of the ankle joint is limited with dorsiflexion at 10 degrees and plantarflexion at 40 degrees on both sides. The range of motion of the subtalar joint is limited to 15 degrees of inversion and 5 degrees of eversion. As per physical therapy progress report dated 08/22/14, the patient can tolerate continuous kneeling or squatting for 1 minute or less. The patient reports slight pain in the right knee rated at 1-3/10. The report states that the patient has been diagnosed with degenerative joint disease and meniscal tear and is status post left knee scope. In orthopedic progress report dated 07/29/14, the patient complains of chronic neck and back problem along with bilateral knee pain which is his main problem. Physical examination reveals mild pain with motion in the shoulders along with a slightly positive impingement. Medications, as per the same progress report, include Celebrex and Tramadol. MRI of the Right Knee, 03/01/13, as per progress report dated 03/02/14: Horizontal tear of the posterior horn of the lateral meniscus. MRI of the Left Knee, 03/01/13, as per progress report dated 03/02/14: - Medial meniscal tear- Chondromalacia- Articular cartilage damage on the underside of the patella. Diagnosis, 09/03/14: Chronic ankle sprains with residual laxity. The treator is requesting for (a) MRI BILATERAL ANKLES (b) BILATERAL ANKLE BRACES.

The utilization review determination being challenged is dated 09/10/14. Treatment reports were provided from 03/02/14 - 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral ankles: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints.

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

Decision rationale: The patient complains of weakness and instability in bilateral ankles along with pain rated at 1/10 at worst, as per progress report dated 09/03/14. The request is for MRI BILATERAL ANKLES. The patient is status post left knee surgery in 2013 and status post right knee arthroscopy and meniscectomy on 05/23/13, according to progress report dated 03/02/14. ODG guidelines, chapter 'Ankle & Foot (Acute & Chronic) and topic 'MRI', state that imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. The Guidelines also 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." In this case, a review of the available progress reports does not reflect prior MRI of bilateral ankles. The patient has weakness, instability and pain in the bilateral ankles. In progress report dated 09/03/14, the treater states that the purpose of the MRI scans is to "evaluate possible osteochondral defect which is present 15% of the time after an inversion ankle sprain." ODG guidelines support the use of MRI when osteochondral injury is suspected. Hence, this request IS medically necessary.

Bilateral ankle braces: 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); Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) and topic Ankle foot orthosis (AFO)

Decision rationale: The patient complains of weakness and instability in bilateral ankles along with pain rated at 1/10 at worst, as per progress report dated 09/03/14. The request is for bilateral ankle braces. The patient is status post left knee surgery in 2013 and status post right knee arthroscopy and meniscectomy on 05/23/13, according to progress report dated 03/02/14. ODG guidelines, Chapter 'Ankle & Foot (Acute & Chronic)' and topic 'Ankle foot orthosis (AFO)', state that braces are "Recommended as an option for foot drop. An ankle foot orthosis (AFO)

also is used during surgical or neurologic recovery. The specific purpose of an AFO is to provide toe dorsiflexion during the swing phase, medial and/or lateral stability at the ankle during stance, and, if necessary, push-off stimulation during the late stance phase. An AFO is helpful only if the foot can achieve plantigrade position when standing. Any equinus contracture prohibits its successful use. The most commonly used AFO in foot drop is constructed of polypropylene and inserts into a shoe. If it is trimmed to fit anterior to the malleoli, it provides rigid immobilization. This is used when ankle instability or spasticity is problematic, such as in patients with upper motor neuron diseases or stroke. If the AFO fits posterior to the malleoli (posterior leaf spring type), plantar flexion at heel strike is allowed, and push-off returns the foot to neutral for the swing phase. This provides dorsiflexion assistance in instances of flaccid or mild spastic equinovarus deformity." In this case, the patient is experiencing recurrent pain in bilateral ankles along with weakness and instability, as per progress report dated 09/03/14. Range of motion of the ankle joint is limited with dorsiflexion at 10 degrees and plantarflexion at 40 degrees on both sides, as per the same report. The treater is requesting for "lace up type ankle brace or an Aircast splint type brace to the right and left ankles to help prevent injury to the right and left ankles." However, as per the available progress reports, the patient does not have foot drop. There is no documentation of surgical or neurologic recovery, or equinovarus deformity. ODG guidelines do not support the use of braces in patients with mild ankle sprain or for the prevention of injury. This request is not medically necessary.