MAXIMUS Federal Services

Case Number:	CM14-0190201		
Date Assigned:	11/21/2014	Date of Injury:	09/04/2011
Decision Date:	01/15/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal Medicine and is licensed to practice in New York. 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:

According to the records made available for review, the injured worker is a 35 year-old male with a date of injury of 09/04/2011. The results of the injury include left ankle pain, lumbosacral pain, and occasional pain in the left hip and left knee. According to the treating physician's progress note, dated 09/18/2014, diagnoses include lumbar Degenerative Disc Disease (DDD) at L4-5 and L5-S1, lumbar facet syndrome, and left ankle fracture with non-displaced fibular fracture and posterior malleolar distal tibia fracture with osteochondral injury to the tibiotalar joint. Diagnostic studies have included a Magnetic Resonance Imaging (MRI) of the lumbar spine, dated 10/01/2013, which revealed severe lumbar spondylosis, degenerative scoliosis, collapse of the disc space, osteophyte formation, and foraminal stenosis, more significant at lumbar regions L3-L4 and L4-L5. Treatments have included medications, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen, Norco, and Prilosec. Surgical interventions have included left ankle video arthroscopy with debridement and chondroplasty of posterior talar plafond and tibiotalar joint, debridement of talar dome and ATFL on 01/18/2014. Subjective reports from the injured worker include persistent pain in the left ankle and difficulties with prolonged standing and ambulation, as per the progress note dated 08/07/2014. Physical examination lists focal tenderness along the L3-4, L4-5, and L5-S1 posterior spinous processes and paraspinal muscles bilaterally; range of motion with forward flexes about 30 degrees, extension is 10 degrees with pain into both gluteal regions; and no focal neurological deficit, L2 through S1 to motor and sensory evaluation. Also noted is mild synovitis of the left ankle with dorsiflexion of 10, plantar flexion of 30, inversion of 15, and eversion of 10, with pain with range of motion of the tibiotalar joint with some mild crepitance. According to the progress note dated 09/18/2014, the treating physician reports that the injured worker continues to have persistent synovitis and pain in the left ankle. Therefore, the treating physician

discussed the option of repeating x-rays as well as a Magnetic Resonance Imaging (MRI) of the left ankle. Request is being made for Magnetic Resonance Imaging (MRI) of the left ankle.On 10/14/2014, Utilization Review non-certified a prescription for Magnetic Resonance Imaging (MRI) of the left ankle. Utilization Review non-certified a prescription for Magnetic Resonance Imaging (MRI) of the left ankle based on the guidelines recommendations that special studies are usually not needed until after a period of conservative care and observation, as well as a lack of documentation of any red flags. The Utilization Review cited the ACOEM, Occupational Medical Practice Guidelines, Online Edition, Chapter 13: Chapter 14: Ankle and Foot Complaints; and Special Studies and Diagnostic and Treatment Considerations. Application for independent medical review was made on 11/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left ankle: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition, 2013

Decision rationale: The date of injury was 09/04/2011. On 01/18/2014 he had extensive left ankle surgery. The requested left ankle MRI was denied on the basis of MTUS, ACOEM requiring a period of observation and conservative care prior to a MRI in the absence of red flag signs. The observation and conservative care for the left ankle was from 09/04/2011 until the surgery on 01/18/2014. On 09/18/2014 the provider noted persistent left ankle synovitis and pain. That is 8 months after the surgery. A MRI of the left ankle is medically necessary to ascertain why this patient continues to be symptomatic with pain and synovitis 8 months after the surgery. This is an investigation for possible repeat surgery for a post operative complication and MTUS, ACOEM does not address this issue.