

Case Number:	CM15-0017995		
Date Assigned:	02/05/2015	Date of Injury:	05/07/2014
Decision Date:	04/02/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained a work related injury on May 7, 2014, while working as a pizza packer. She sustained injuries when a table was being moved and smashed her feet and legs in between two tables. She complained of immediate pain in her ankles. Diagnoses included left ankle sprain, right ankle sprain, right ankle contusion, and calf strain. Treatment included chiropractic treatment, Magnetic Resonance Imaging (MRI), Podiatrist consultation and medications. Magnetic Resonance Imaging (MRI) of the right and left ankle revealed plantar fasciitis and calcaneus spurring. Currently in October, 2014, the injured worker complains of continued pain, heaviness and tingling in both ankles. On December 2, 2014, a request for x rays of the left lower leg, X rays of the right lower leg, a right ankle Magnetic Resonance Imaging (MRI) and a Left ankle Magnetic Resonance Imaging (MRI) were non-certified by Utilization Review, noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: twelve sessions (right/left ankle/foot): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for PHYSICAL THERAPY 12 SESSIONS RIGHT/LEFT ANKLE/FOOT on 7/2/14. Review of the reports do not show any evidence of recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The patient is to return to modified duty on 12/3/14. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.

X-rays of the left lower leg: Overturned

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 Official disability guidelines Ankle Chapter, Radiography.

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for X-RAY OF THE LEFT LOWER LEG on 7/2/14. The patient had prior left ankle X-ray on 6/20/14 which showed no fractures, no dislocations, and no other abnormalities. Regarding ankle X-rays, ODG recommended if a fracture is considered and if patients should have radiographs if the Ottawa ankle criteria are met. The patient is to return to modified duty on 12/3/14. In this case, the patient had an X-ray of the left lower extremity 6 weeks after the original injury. The request appears to be retrospective. The retrospective request IS medically necessary.

X-rays of the right lower leg: Overturned

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 Official disability guidelines Ankle Chapter, Radiography.

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for X-RAY OF THE RIGHT LOWER LEG on 7/2/14. The patient had a right ankle X-ray done on 6/20/14 which showed 1cm plantar calcaneal spur and no other fractures, dislocations, or other abnormalities. Regarding ankle X-rays, ODG recommended if a fracture is considered and if patients should have radiographs if the Ottawa ankle criteria are met. The patient is to return to

modified duty on 12/3/14. In this case, the patient had an X-ray of the right lower extremity 6 weeks after the original injury. The request appears to be retrospective. The retrospective request IS medically necessary.

Right ankle MRI: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official disability guidelines Foot Chapter, MRI.

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for RIGHT ANKLE MRI on 7/2/14. Regarding MRI of foot/ankle, ACOEM guidelines state: "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. ODG guidelines state: "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 (e.g., 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. The patient is to return to modified duty on 12/3/14. In this case, the patient had an X-ray with no significant findings. ODG guidelines for chronic ankle pain do support MRI's for persistent pain of uncertain etiology or for tendinopathy. This patient has persistent pain despite conservative care and passage of time. The request for MRI was generated on 7/2/14 and there is an MRI obtained already. It would appear that this is a retrospective request, with the MRI already obtained without prior authorization. Given the support from ODG, the MRI obtained WAS medically necessary.

Ankle braces (right/left/ankle): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Foot/ Ankle chapter, Bracing.

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for ANKLE BRACE?RIGHT/LEFT ANKLE on 7/2/14. Regarding ankle bracing, ODG states not recommended in the absence of a clearly unstable joint. ODG states: "Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or

passive therapy to achieve optimal function. (Kerkhoffs-Cochrane, 2002) (Shrier, 1995) (Colorado, 2001) (Aetna, 2004) After Achilles tendon repair, patients splinted with a functional brace rather than a cast post-operatively tended to have a shorter in-patient stay, less time off work and a quicker return to sporting activities." The patient is to return to modified duty on 12/3/14. In this case, the patient is not currently using an ankle brace. There is no documentation that the patient has a clearly unstable joint. Physical exam on 7/2/14 showed tenderness at bilateral achilles, but no evidence of a unstable gait or other deficits in ambulation. The requested bilateral ankle braces ARE NOT medically necessary.

MRI of the left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official disability guidelines Foot/ankle chapter, MRI.

Decision rationale: This patient presents with bilateral ankle pain. The treater has asked for MRI OF THE LEFT ANKLE on 7/2/14. The patient had a left ankle MRI done on 8/13/14 report. Regarding MRI of foot/ankle, ACOEM guidelines state: "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. ODG guidelines state: "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 (e.g., 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.? The patient is to return to modified duty on 12/3/14. In this case, the patient had an X-ray with no significant findings. ODG guidelines for chronic ankle pain do support MRI's for persistent pain of uncertain etiology or for tendinopathy. This patient has persistent pain despite conservative care and passage of time. The request for MRI was generated on 7/2/14 and there is an MRI obtained already. It would appear that this is a retrospective request, with the MRI already obtained without prior authorization. Given the support from ODG, the MRI obtained WAS medically necessary.