

Case Number:	CM15-0141468		
Date Assigned:	08/06/2015	Date of Injury:	04/23/2015
Decision Date:	09/15/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old female who sustained an industrial injury on 4-23-15 involving her left foot as she was exiting a building she went to pushed open a door and another person was opening it from the other side causing her to experience immediate pain. She was medically evaluated and x-rayed. The x-rays revealed no acute fracture. She currently complains of increased pain of left foot with standing, walking, running and uneven ground. On physical exam there was generalized tenderness of the left ankle, swelling, instability, weakness. Diagnoses include ankle sprain; late effect of tendon injury; tibialis anticus tendinitis; status post tibialis tendon anterior tendon repair. Treatments to date include anti-inflammatories; rest; ice; fracture walker. Diagnostics include MRI of the left ankle (6-8-15) showing complete rupture of the distal anterior tibialis tendon with proximal retraction to the level of the talonavicular joint, tendinosis. On 6-18-15 the treating provider requested knee scooter, 3 month rental; strapping times 6; x-ray of the left foot and ankle times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Knee scooter 3 month rental: 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), Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle.

Decision rationale: CA MTUS/ACOEM is silent on rolling knee walker. According to ODG, Ankle section, a rolling knee walker is recommended for patients who cannot use crutches, standard walkers or other standard ambulatory assist devices (e.g., a patient with an injured foot who only has use of one arm). In this case the exam note from 6/12/15 does not demonstrate inability to use a standard crutch or walker. Therefore the request is not medically necessary.

Associated surgical service: X-rays of foot x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle.

Decision rationale: According to CA MTUS Foot and Ankle Complaints chapter, page 377, plain film radiographs are recommended only for patients with acute ankle injuries who have signs identified in the Ottawa Ankle Criteria ankle rules. Routine plain-film radiographs for ankle injuries and soft tissue diagnoses are not recommended. According to ODG, ankle section, if a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation. In this case, according to the note on 6/18/15, the diagnoses for the injured worker are tibialis anterior tendinitis, ankle sprain and late effect of tendon injury. These are all soft tissue diagnoses and plain radiography is not indicated. Furthermore, an MRI report on 6/8/15 does not indicate any bony abnormalities. Therefore the request for foot x-rays are not medically necessary.

Associated surgical service: X-rays of ankle x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 377. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle.

Decision rationale: According to CA MTUS Foot and Ankle Complaints chapter, page 377, plain film radiographs are recommended only for patients with acute ankle injuries who have signs identified in the Ottawa Ankle Criteria ankle rules. Routine plain-film radiographs for ankle injuries and soft tissue diagnoses are not recommended. According to ODG, ankle section, if a fracture is considered, patients should have radiographs if the Ottawa ankle criteria are met. Radiographic evaluation may also be appropriate if there is rapid onset of swelling and bruising, if the patient is older than 55 years, or in the case of obvious dislocation. Plain films are routinely obtained to exclude arthritis, infection, fracture, or neoplasm. X-rays are not helpful in diagnosing plantar fasciitis, because they do not show ligaments clearly, and they are not routinely recommended except when fractures are suspected and then a lateral non-weight bearing X-ray should be the first choice investigation. In this case, according to the note on 6/18/15, the diagnoses for the injured worker are tibialis anterior tendinitis, ankle sprain and late effect of tendon injury. These are all soft tissue diagnoses and plain radiography is not indicated. Furthermore, an MRI report on 6/8/15 does not indicate any bony abnormalities. Therefore the request for foot x-rays are not medically necessary.

Associated surgical service: Strapping x6: 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);
Foot/ankle: Lace Up Brace.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle.

Decision rationale: CA MTUS/ACOEM is silent on the issue of ankle bracing. According to the ODG, Ankle and Foot section, Bracing, it is not recommended in the absence of a clearly unstable joint. It states that functional treatment appears to be a favorable strategy for treating acute ankle sprains when compared with immobilization. As the exam note from 6/12/15 does not demonstrate instability on examination, the request for ankle strapping is not medically necessary.