

Case Number:	CM15-0164684		
Date Assigned:	09/02/2015	Date of Injury:	07/07/2008
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 48-year-old male who sustained an industrial injury on 07-07-2008. Diagnoses include internal derangement of the right knee, status post two surgeries; internal derangement of the left knee; and internal derangement of the right ankle with mention of an osteochondral lesion per previous MRI. Treatment to date has included medications. According to the progress notes dated 07-30-2015, the injured worker reported constant lateral and posterior right ankle pain and a sense of swelling, buckling and limping. He had difficulty walking on any uneven or wet surface, was not getting around in his home very well and was spending no more than 20 minutes at a time grocery shopping. He also complained of frequent bilateral knee pain, worse on the right, with the same symptoms as the right ankle. He claims he fell several times. On examination, reflexes of the lower extremities were symmetric. There was weakness in resisted function along the hamstrings and quadriceps bilaterally. Knee extension was 180 degrees and flexion was 150 degrees, right, and 120 degrees, left. Ankle dorsiflexion was 15 degrees and plantar flexion was 35 degrees. The right knee medial joint line was tender and McMurray's test was positive. Laxity testing was negative on the bilateral knees. The left knee was tender along the lateral joint line and over the outer patella. The right ankle was tender along the posterior joint and along some of the peroneal tendons. The treatment plan included Hyalgan knee injections, medications, hot and cold wraps, a four-lead TENS unit, knee x-rays, an ankle brace for the right ankle and imaging studies and injections of the right ankle. A request was made for x-rays, AP-lateral right ankle, MRI of the right ankle, repeated and right ankle corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays AP/lateral right 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), Ankle & Foot, Radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The ACOEM chapter on ankle complaints states: Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. 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. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The provided medical records for review do not meet criteria for imaging as cited above and therefore the request is not medically necessary.

MRI right ankle repeated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The ACOEM chapter on ankle complaints states: Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. 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. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. Disorders of

soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The provided medical records for review do not meet criteria for imaging as cited above and therefore the request is not medically necessary.

Right ankle corticosteroid injections: 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, Corticosteroids, Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: The ACOEM chapter on ankle complaints states: Invasive techniques (e.g., needle acupuncture and injection procedures) have no proven value, with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. The patient does not have either of these documented diagnoses and therefore the request is not medically necessary.