Case Number:	CM15-0185686		
Date Assigned:	09/25/2015	**Date of Injury:**	03/04/2015
Decision Date:	11/02/2015	**UR Denial Date:**	08/21/2015
Priority:	Standard	**Application Received:**	09/21/2015

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: 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 44 year old male, who sustained an industrial injury on 03-04-2015. He has reported subsequent left ankle pain and was diagnosed with left ankle inversion sprain. Treatment to date has included pain medication, compression wrap and physical therapy, which were noted to have failed to significantly relieve the pain. The only medical documentation submitted consists of work status reports, doctor's first report of illness or injury and an initial comprehensive medical evaluation and report. A doctor's first report of illness or injury on 04-27-2015 indicated that x-ray of the left ankle revealed no fractures or osseous deformity. Subjective findings were notable for left ankle pain and objective findings showed minimal swelling of the left ankle over the lateral malleolus area with full range of motion and slight pain on direct pressure. In a progress note dated 08-11-2015, the injured worker reported left ankle pain that was constant, dull, achy and became sharp and stabbing with increased activities. Objective examination findings revealed tenderness to palpation of the left anterior talofibular ligament, decreased range of motion of the left ankle, positive inversion stress test on the left and 1+ deep tendon reflexes of the left Achilles. Work status was documented as temporarily totally disabled. Treatment plans and recommendations included physical therapy for the left ankle and MRI and x-rays of the left ankle. A request for authorization of MRI of the left ankle, x-ray of the left ankle and ECSWT (Extracorporeal shock wave therapy) to the left foot, 1 time per week for 6 weeks was submitted. As per the 08-21-2015 utilization review, the requests for MRI of the left ankle, x-ray of the left ankle and ECSWT (Extracorporeal shock wave therapy) to the left foot, 1 time per week for 6 weeks were non-certified.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI-(magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases 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; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not identified here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging with limited range, generalized tenderness, without instability without dermatomal or myotomal neurological deficit pattern presentation on clinical exam. The MRI of the left ankle is not medically necessary and appropriate.

X-ray of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for imaging.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: Review indicates recent X-ray of the left ankle on 4/27/15 showed no fractures or remarkable findings. Guidelines states that most joint problems improve quickly once any red-flag issues such as tumors, osteonecrosis, occult acute fracture are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of pain symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable change in symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for

repeating the x-ray imaging study. The X-ray of the left ankle is not medically necessary and appropriate.

ECSWT (Extracorporeal shock wave therapy) to the left foot, 1 time per week for 6 weeks: 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) Extracorporeal shock wave therapy (ESWT) Ankle/Foot.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Physical Methods, Follow-up Visits.

Decision rationale: Per Guidelines, limited, evidence exists regarding extracorporeal shock wave therapy (ESWT) in treating diagnosis of plantar fasciitis, Achilles tendinopathy or neuropathic foot ulcers in diabetes to reduce pain and improve function, none demonstrated here. While it appears to be safe, there is disagreement as to its efficacy and insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. Submitted reports have not demonstrated specific indication, significant clinical findings, or diagnoses to support this treatment nor is there specific functional improvement in terms of decreased medication profile from pain relief, increase work or physical status, or decrease in medical utilization from treatment already rendered. The patient continues to treat without identified failure of conservative treatment. The ECSWT (Extracorporeal shock wave therapy) to the left foot, 1 time per week for 6 weeks is not medically necessary and appropriate.