MAXIMUS Federal Services

Case Number:	CM15-0186719		
Date Assigned:	09/28/2015	Date of Injury:	01/07/2014
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 35 year old male, who sustained an industrial injury on 1-7-14. The injured worker was diagnosed as having severe ligamentous destruction left ankle; status post left ankle ligamentous repair (3-5-14); ongoing chronic pain. Treatment to date has included physical therapy; left ankle injections (2-9-15; 3-9-15); medications. Currently, the PR-2 notes dated 7-27-15 indicated the injured worker had "primary questions regarding chronic left ankle pain." The provider continues to document "As part of the past treatment to date, the patient describes pain medication, physical therapy, massage, exercise program, and surgery as improving his condition. The patient describes braces-casts as having no change in his condition. The current intensity of the pain is described as a 3 on a 10-point scale, where 0 represents no pain and 10 represents the worst pain imaginable. He reports that pain may decrease to a 1 at best, or increase to a 7 at worst on the same 10-point scale. He notes that his pain is presents 90-100% of the time." He describes his pain as throbbing, sharp, numbing, and pins and needles. The injured worker reports the impact of the pain has been moderate. The provider documents "In terms of activities of daily living, he notes that no assistance is needed for bathing, dressing, and grooming. Some assistant is needed for home duties and childcare. When necessary, he requires assistance from his family members. He describes a loss of social activities along with recreational and hobbies. He reports a history of stomach problems. Medications are listed by the provider as: Omeprazole 20mg 2 tables daily and Tylenol 1000mg 1-2 daily." On physical examination, the provider documents "walks antalgically favoring his left ankle. He has a well-healed scar on the anterior lateral portion of his ankle, which is tender. It produces a tingling

sensation about the area of the scar. Distally, his sensation is intact. His reflexes are normal. Strength in the ankle is normal. He is able to move all his toes in extension and flexion. What is noted is that he does have decreased range of motion in extension to perhaps 50% of normal and inversion is limited to perhaps 25% of normal. Eversion is again 25% of normal and he does have more preserved flexion to probably 75% of normal. He does have point tenderness along the mid inferior to the median malleolus in areas of the ligaments. The Achilles tendon is intact and nontender." The injured worker is concerned he has had two steroid injections and the therapy and still has considerable pain. He reports he still has occasional swelling in the ankle, but has noticed no vasomotor, sudomotor or trophic changes. The provider documents the injured worker still has instability of the ankle and the "lack in repair of the medial side is a question mark. I would get an MRI as well as regular plain films of his ankle to assess the tibiotalar joint as well as confirmation of the rest of his anatomy. The MRI will go a long ways towards understanding the ligamentous soft tissue structures." Please note: Left Ankle X-rays have been authorized per Utilization Review Letter 9-14-15. A Request for Authorization is dated 9-22-15. A Utilization Review letter is dated 9-14-15 and non-certification was for MRI without contrast of the left ankle. A request for authorization has been received for MRI without contrast of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast 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) (Foot and Ankle Chapter).

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI without contrast left ankle is not medically necessary. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joints capsule, menisci and joint cartilage structures that x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be treated conservatively, but cases requiring surgery MR imaging is useful. MRI reliably detects acute tears of the anterior talo-fibular ligament and calcanealfibular ligament. Indications for MRI imaging include, but are not limited to, chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post severe ligamentous disruption of the left ankle status post repair; and ongoing chronic pain. Date of injury is January 7, 2014. Request for authorization is August 31, 2015. According to a July 27, 2015 progress note, the injured worker presents for reevaluation with primary questions regarding chronic left ankle pain. Objectively, there is a well-healed scar on the anterior lateral portion of the ankle, which is tender. Sensation is intact and strength is normal. The worker can move all toes in extension and

flexion. Range of motion is decreased to 50% of normal and inversion is limited to 25% of normal. According to a July 27, 2015 progress note, the injured worker was initially taken to urgent care and placed in a boot. The initial x-ray showed no fracture and subsequent MRI demonstrated disruption of ligaments in both the medial and lateral axis areas. On the lateral malleolus both ligaments were torn and on the medial malleolus 2 out of 3 were torn. The injured worker underwent surgery with repair only of the lateral side. He underwent physical therapy. The injured worker continues to have pain in the left ankle where there was no repair of the ligaments. The injured worker has had #2 steroid injections and physical therapy, but continues to have considerable pain. The treating provider is recommending plain x-rays of the ankle and an MRI of the ankle to assess the tibiotalar joint and confirmation of the remainder of the anatomy. The documentation indicates the plain x-rays of the ankle were approved. The guidelines recommend an ankle MRI with chronic pain when plain x-rays are normal. Repeat plain x-rays were approved, but not yet performed. The guidelines indicate disorders of soft tissue yield negative radiographs and do not warrant other studies (MRI). An MRI is premature at this time. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, repeat plain x-rays have been approved (but not yet performed) and guideline on recommendations without plain x-rays first performed and reviewed, MRI without contrast left ankle is not medically necessary.