MAXIMUS Federal Services

Case Number:	CM15-0191367		
Date Assigned:	10/05/2015	Date of Injury:	09/28/2014
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on 09-28-2014. He has reported subsequent left knee, left ankle and right knee pain and was diagnosed with derangement of the anterior medial meniscus, Achilles tendinitis and joint pain of the left leg. MRI of the left ankle dated 02-21-2015 was noted to show distal Achilles tendinosis with cystic changes and inflammatory bursal fluid and synovitis in the retrocalcaneal bursa. Treatment to date has included pain medication, chiropractic therapy and physical therapy, which were noted to have failed to significantly relieve the pain. In a surgical consultation note dated 04-10-2015, the injured worker was noted to have significant tenderness with palpation and moderate edema of left Achilles attachment, difficulty getting Kevin's ankle at 90 degrees due to severe inflammation at the Achilles attachment and moderate distress from Achilles, left and right knee pain. The physician noted that the injured worker had a near avulsion injury of the Achilles tendon, resulting in severe bursitis and inflammation and would benefit from surgical correction involving detachment, debridement and reattachment of the Achilles tendon to the calcaneous. In a progress note dated 08-28-2015, the injured worker was seen for evaluation of left knee, left ankle and right knee pain. No current subjective examination findings were documented. The physician noted that the injured worker had evaluation by two foot and ankle surgeons who had both recommended surgery. Objective examination findings revealed a moderate limping gait, mild patellofemoral crepitus, lateral joint line tenderness and painful McMurray's sign laterally of the left knee, range of motion of 5-100 degrees, mild patellofemoral crepitus, medial joint line tenderness and painful McMurray's sign medially of the right knee, acute tenderness to

palpation over the distal Achilles tendon greatest at the insertion site over the calcaneus, mild edema and thickening of the tendon. X-rays of the left knee taken that day were noted to show no significant degenerative changes or evidence of acute bony injury. Work status was documented as off work. The physician noted that evaluation by a foot and ankle specialist to carry out Achilles and calcaneal debridement with Achilles tendon repair was being requested given that 2 different foot and ankle surgeons had recommended this but it had yet to be carried out and continued pain in the Achilles despite conservative treatment. The physician also noted that an MRI of the left knee was recommended to further evaluate for any structural abnormalities. A request for authorization of MRI of the left knee qty 1 and consultation to evaluate and treat by foot-ankle specialist with MPN for left Achilles and calcaneal debridement with tendon repair qty 1 was submitted. As per the 09-21-2015 utilization review, the aforementioned requests 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 knee QTY: 1: Overturned

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 chapter, MRI's (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in January 2015 when, while working as a firefighter, he stepped off of a fire truck with injury to the left ankle and knee. When seen, he had been evaluated by two foot and ankle surgeons who had both recommended surgery. He was continuing to wear a right knee brace. He had painful clicking, swelling, and instability of the left knee. Physical examination findings included moderate limp. There was mild left knee patellofemoral crepitus. There was lateral joint line tenderness and McMurray's testing was painful laterally. There was pain with ankle range of motion and acute distal Achilles tendon tenderness with mild edema and thickening. An x-ray of the left knee including weight-bearing views was obtained and was negative. Authorization was requested for another evaluation for the left ankle with treatment and a left knee MRI and he was placed in a walking boot. An MRI scan of the knee is sensitive and specific for detecting meniscal tears or ligament injury. Criteria for obtaining an MRI include trauma with suspected ligament or meniscal injury. In this case, the claimant has a history of trauma and has not improved after conservative treatments. Symptoms and physical examination findings are consistent with a lateral meniscal tear. The request is for an MRI of the knee to further assess for internal derangement. The applicable criteria are met and the requested MRI was medically necessary.

Consultation to evaluate and treat by foot/ankle specialist with MPN for left Achilles and calcaneal debridement with tendon repair QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant sustained a work injury in January 2015 when, while working as a firefighter, he stepped off of a fire truck with injury to the left ankle and knee. When seen, he had been evaluated by two foot and ankle surgeons who had both recommended surgery. He was continuing to wear a right knee brace. He had painful clicking, swelling, and instability of the left knee. Physical examination findings included moderate limp. There was mild left knee patellofemoral crepitus. There was lateral joint line tenderness and McMurray's testing was painful laterally. There was pain with ankle range of motion and acute distal Achilles tendon tenderness with mild edema and thickening. An x-ray of the left knee including weight-bearing views was obtained and was negative. Authorization was requested for another evaluation for the left ankle with treatment and a left knee MRI and he was placed in a walking boot. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, requesting authorization for treatment without reviewing the consultant's recommendations is not appropriate. Additionally, the claimant has already been evaluated for the same reason twice. A follow-up with either of the previous consultants would be appropriate. The request for another new evaluation is not medically necessary.