MAXIMUS Federal Services

Case Number:	CM15-0196913		
Date Assigned:	10/12/2015	Date of Injury:	02/16/2014
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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, New York
Certification(s)/Specialty: Podiatrist

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 46 year old male, who sustained an industrial injury on 2-16-14. The documentation on 8-27-5 noted that the injured worker has complaints of constant warm and sharp pain in his right ankle with the pain rated as 8 out of 10 with 10 being the worst. The pain radiates to his right upper extremity with numbness and tingling sensation. The documentation noted that there is paresthesia pain described as burning and electric-like shock radiating distally from the hip to the toes. The injured worker states that overall symptoms are worse and severe after walking and after exercise. The right lateral ankle had tenderness, positive effusion and positive swelling. There is pain on palpation, pain on motion, pain at end of motion, limitation of motion, effusion and edema as well as anterior talofibular ligament, calcaneofibular ligament, posterior tibial tendon and Achilles tendon involvement in the right ankle. The diagnoses have included primary trauma; peripheral nerve entrapment at the superficial peroneal and deep peroneal on the right and derangement of the right ankle joint and right subtalar joint. Treatment to date has included excision of hypertrophic scar and revision and repair of hypertrophic scar of the right lateral ankle on 3-17-15; physical therapy; right ankle brace; heat packs; transcutaneous electrical nerve stimulation unit; tramadol; naproxen and terocin patches. The original utilization review (9-22-15) non-certified the request for magnetic resonance imaging (MRI) of the right ankle and foot without contrast. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right ankle without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 6/22/15) Magnetic resonance imaging (MRI).

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

Decision rationale: The injured worker suffered industrially related trauma to the right lower extremity and lower back. The injured worker underwent an ankle stabilization procedure on 1/1/15. Following the procedure, the injured worker suffered chronic infection, with delayed healing at the surgical site. The injured worker's clinical presentation has remained relatively consistent from a stable chronic pain scenario to an escalation in heel pain from 5/19/15, stable to the final given progress report. Imaging with X-ray was reported on 10/7/15, with a report of unremarkable right foot radiographs. The injured worker's ankle pain remains unresolved 11 months post corrective surgery. As per MTUS, Red Flag indicators, page 363, Table 14-1, Red Flag Indicators for potentially serious Ankle and Foot conditions in this case including: pain, abnormal mobility, joint effusion and peripheral neuropathy, with peroneal nerve involvement reported. Special studies are warranted as per page 372, MTUS. This injured worker has had an extended period of conservative care and observation. MTUS guidelines support special imaging studies to rule out Red Flag issues. An MRI of the right ankle without contrast is certified as medically necessary.

MRI of the right foot without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (updated 6/22/15) Magnetic resonance imaging (MRI).

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

Decision rationale: The injured worker suffered industrially related trauma to the right lower extremity and lower back. The injured worker underwent an ankle stabilization procedure on 1/1/15. Following the procedure, the injured worker suffered chronic infection, with delayed healing at the surgical site. The injured worker's clinical presentation has remained relatively consistent from a stable chronic pain scenario to an escalation in heel pain from 5/19/15, stable to the final given progress report. Imaging with X-ray was reported on 10/7/15, with a report of unremarkable right foot radiographs. The injured worker's ankle pain remains unresolved 11 months post corrective surgery. As per MTUS, Red Flag indicators, page 363, Table 14-1, Red Flag Indicators for potentially serious Ankle and Foot conditions in this case including: pain, abnormal mobility, joint effusion and peripheral neuropathy, with peroneal nerve involvement reported. Special studies are warranted as per page 372, MTUS. This injured worker has had an

extended period of conservative care and observation. MTUS guidelines support special imaging studies to rule out Red Flag issues. An MRI of the right ankle without contrast is certified as medically necessary.