

Case Number:	CM15-0200607		
Date Assigned:	10/15/2015	Date of Injury:	06/01/2015
Decision Date:	12/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/12/2015

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, 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:

This injured worker is a 53 year old male who reported an industrial injury on 6-1-2015. His diagnoses, and or impressions, were noted to include: Charcot foot (6-12-15); Charcot of right ankle, rear-foot and mid-foot; arthritis; diabetes mellitus (1993), with diabetic peripheral neuropathy; and "PAD". Recent right foot x-rays were taken on 8-5-2015, noting a Charcot deformity of the hind and mid-foot and degenerative changes with Charcot joint; no imaging studies were noted. His treatments were noted to include: immobilization of the right foot (6-12-12 & 7-13-15); a walking boot following removal of the immobilizer (8-2015); and rest from work. The comprehensive podiatric progress notes of 8-20-2015 reported: occasional pain, rated 2-3 out of 10, in the right ankle and foot for which wearing her boot helped to alleviate her pain in the short-term, but increased pain when worn for moderate and extended periods of time; that her overall her symptoms had stayed the same, and interfered with his sleep; and that he had stopped working in May 2015 having been placed on temporary total disability. The objective findings were noted to include: no apparent distress; a limp favoring the right lower extremity; positive effusion and swelling to the ankle, with atrophic skin and sparse hair growth; a dry right plantar foot with peeling in an annular design; obliterated contour of the right ankle with right foot Charcot deformity of the hind-foot; bulging lateral right ankle with increased temperature of the hind-foot and ankle; widening of the hind-foot with obliteration of normal expected contour, and widened right mid-foot with loss of normal motion (0 eversion-inversion), and with obvious signs of calcaneus fracture of right foot; right foot pain with heel-toe standing, squatting, kneeling and stooping; diminished right deep tendon reflexes and sensation; and that he presented with clear-cut clinical picture of Charcot joint affecting the ankle and rear-foot. The

physician's requests for treatment were noted to include: new weight bearing x-rays for the foot and ankle; magnetic resonance imaging right foot and ankle; and nerve conduction studies and electromyogram to document the diabetic peripheral neuropathy. The Request for Authorization, dated 8-20-2015, was noted for x-ray of bilateral feet and ankle; magnetic resonance imaging of the right foot and ankle; and nerve conduction velocity studies of the bilateral lower extremities. The Utilization Review of 10-5-2015 non-certified the requests for: x-rays of the bilateral feet and ankles; magnetic resonance imaging of the right foot and ankle; and nerve conduction velocity studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of bilateral feet: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: Regarding the request for x-rays of the feet, ACOEM guidelines state that special studies are not needed until after a period of conservative care and observation. Within the documentation available for review, it appears the patient has undergone x-rays previously. There is no indication as to how the patient's symptoms have changed or worsened since the time of the previous radiographs. The patient has an established diagnosis of Charcot foot and the provider recommended immobilization followed by the use of an AFO. There are no red flags documented and no other rationale for additional imaging has been clearly identified. Finally, it is unclear how additional imaging will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested x-rays of the feet are not medically necessary.

MRI of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: Regarding the request for MRI, ACOEM guidelines state that special studies are not needed until after a period of conservative care and observation. Within the documentation available for review, the patient has an established diagnosis of Charcot foot and the provider recommended immobilization followed by the use of an AFO. There are no red flags documented and no other rationale for additional imaging has been clearly identified. Finally, it is unclear how additional imaging will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested MRI is not medically necessary.

MRI of the right ankle: Upheld

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

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

Decision rationale: Regarding the request for MRI, ACOEM guidelines state that special studies are not needed until after a period of conservative care and observation. Within the documentation available for review, the patient has an established diagnosis of Charcot foot and the provider recommended immobilization followed by the use of an AFO. There are no red flags documented and no other rationale for additional imaging has been clearly identified. Finally, it is unclear how additional imaging will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested MRI is not medically necessary.

NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin Podiatry 1984 Aug 1(2): 279-90. Electrodiagnosis and nerve conduction studies. Posuniak EA.

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

Decision rationale: Regarding the request for NCV testing, ACOEM guidelines cite that electrical studies for routine foot and ankle problems without clinical evidence of tarsal tunnel syndrome or other entrapment neuropathies are not recommended. Within the documentation available for review, the patient has an established diagnosis of diabetic neuropathy and Charcot foot. There is no evidence of an entrapment neuropathy and no clear rationale for electrodiagnostic testing in a patient with an established diagnosis of diabetic neuropathy or how it will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested NCV testing is not medically necessary.

X-rays of the bilateral ankles: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

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

Decision rationale: Regarding the request for x-rays of the ankles, ACOEM guidelines state that special studies are not needed until after a period of conservative care and observation. Within the documentation available for review, it appears the patient has undergone x-rays previously. There is no indication as to how the patient's symptoms have changed or worsened since the time of the previous radiographs. The patient has an established diagnosis of Charcot foot and the provider recommended immobilization followed by the use of an AFO. There are no red flags documented and no other rationale for additional imaging has been clearly identified. Finally, it is unclear how additional imaging will affect the patient's treatment plan. In the absence of clarity regarding those issues, the currently requested x-rays of the ankles are not medically necessary.