

<b>Case Number:</b>	CM15-0051023		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 62 year old male, who sustained an industrial injury on February 6, 2014. He reported rolling his right ankle inward causing immediate pain and inability to bear weight on it. The injured worker was diagnosed as having tibialis tendinitis, other disorders synovium/tendon/bursa, tibiofibular sprain distal, unspecified ankle sprain, and tenosynovitis foot and ankle. Treatment to date has included x-rays, MRI, cast with transition to a Cam followed by an ankle brace, crutches for walking, physical therapy, home exercise program, steroid injection, ice, compression sock, taping of the toes, and medication. On February 25, 2015, the injured worker complains of continued hurting of his right ankle despite aggressive physical therapy. The physical exam revealed tenderness to palpation of at the anterior talo-fibular ligament, the lateral and lateral malleoli, calcaneo-fibular ligament, and anterior ankle. There was edema at the anterior talo-fibular ligament, calcaneo-fibular ligament, and anterior ankle. There was tenderness to palpation of the sinus tarsi with deep scar tissue palpated, tenderness to palpation of the peroneus brevis with mild pain with resisted eversion, and mild tenderness to palpation of the peroneus longus. The ankle range of motion was normal. The treatment plan includes MRI of the right ankle and 12 sessions of physical therapy for the right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) right ankle:** 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), MRI (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) Ankle Section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI right 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 with the generative injuries the majority of patients with heel pain can be treated conservatively, but cases requiring surgery MR imaging is useful. MRIs reliably detect acute tears of the anterior talo-fibular ligament and calcaneofibular 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. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. See the guidelines for additional details. In this case, the injured worker's working diagnoses are tibialis tendinitis; other disorders synovium/tendon/bursa; tibio-fibular sprain; unspecified sprain ankle; and tenosynovitis foot and ankle. The documentation shows the injured worker had a prior magnetic resonance imaging scan of the ankle. Subjectively, according to a March 23, 2015 progress note, the injured worker complains of persistent pain in the ankle with more swelling. The injured worker does not admit to any new injuries involving the effect in April. Objectively, there is moderate tenderness the palpation posterior to the medial malleolus with mild to moderate edema. The lateral malleolus is within normal limits. The neurology evaluation shows a weakly positive Tinel's at the superficial peroneal nerve. There was no motor examination present and sensation was grossly intact. There is no clinical rationale for repeating the MRI of the right ankle. Additionally, the MRI of the right ankle report was not present in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Consequently, absent clinical documentation with a clinical rationale pursuant to the guidelines governing repeat MRIs, MRI right ankle (repeat) is not medically necessary.

**Physical therapy 2x6 right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for six weeks to the right ankle is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines recommend nine visits over eight weeks for ankle/foot sprain. In this case, the injured worker's working diagnoses are tibialis tendinitis; other disorders synovium/tendon/bursa; tibio-fibular sprain; unspecified sprain ankle; and tenosynovitis foot and ankle. The documentation shows the injured worker had a prior magnetic resonance imaging scan of the ankle. Subjectively, according to a March 23, 2015 progress note, the injured worker complains of persistent pain in the ankle with more swelling. The injured worker does not admit to any new injuries involving the effect in April. Objectively, there is moderate tenderness the palpation posterior to the medial malleolus with mild to moderate edema. The lateral malleolus is within normal limits. The neurology evaluation shows a weakly positive Tinel's at the superficial peroneal nerve. There was no motor examination present and sensation was grossly intact. Pursuant to a November 24, 2014 progress note, the documentation indicates the injured worker received physical therapy to three times per week. The total number of weeks is not documented in the medical record. There are no physical therapy progress notes in the medical record. There is no documentation of objective functional improvement in the medical record. In a peer-to-peer phone conference between the treating provider and utilization review physician, the treating provider indicated the injured worker "failed conservative treatment including physical therapy." The guidelines allow #9 visits of physical therapy for ankle/foot sprain. The total number of physical therapy sessions are not available, however, the injured worker failed conservative treatment. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement with documentation indicating the injured worker failed conservative treatment (PT), physical therapy (additional) two times per week for six weeks to the right ankle is not medically necessary.