MAXIMUS Federal Services

Case Number:	CM15-0237629		
Date Assigned:	12/14/2015	Date of Injury:	02/05/2015
Decision Date:	01/20/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/04/2015

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: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on February 05, 2015. The injured worker was diagnosed as having pain in the ankle and foot joint, posterior tibial tendon dysfunction, tendon disorder, pain in the joint of the left foot, instability of the ankle, and Hallux rigidus of the left foot. Treatment and diagnostic studies to date has included medication regimen, use of controlled ankle movement (cam) boot to the left foot, use of ice, and magnetic resonance imaging of the left foot on October 21, 2015. In a progress note dated November 09, 2015 the treating physician reports complaints of throbbing pain to the left foot and ankle along with complaints of pain to the right lateral ankle. Examination performed on November 09, 2015 and on October 01, 2015 was revealing for an antalgic gait with a limp to the left, decreased range of motion to the left first metatarsal phalangeal joint with pain. The injured worker's pain level on November 09, 2015 was rated a 10 out of 10 to the left foot and ankle with ambulation and was rated a 5 out of 10 with rest along with noting the injured worker's right ankle pain level to be rated an 8 out of 10 with ambulation. On November 09, 2015 the treating physician noted magnetic resonance imaging review on October 01, 2015 that was revealing for "inflammation on tendons but mostly posterior tibial tendon with an early stage II of posterior tibial tendon dysfunction, bilateral flat feet with Hallux limitis left foot secondary to first met-cuneiform hypermobility. Midfoot stability with peroneal tendon inflammation as well at insertion of peroneus longus". On November 05, 2015, the treating physician requested office visits times 4 and x-ray of the right ankle times 11 visits, but did not indicate the specific reasons for the requested x-rays and office visits. On November 20, 2015, the Utilization Review determined the requests for office visits times 4 and x-ray of the right ankle times 11 visits to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visits x4: 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) Office visits.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The MTUS guidelines states that patients with ankle and foot complaints may have initial follow-up every three to five days by a mid-level practitioner or physical therapist who can provide counseling about avoiding static positions, medication use, activity modification, and other concerns. Care should be taken to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up is appropriate when a release to modified-, increased-,or full-duty work is needed, or after appreciable healing or recovery is expected. Later physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. In this case, the injured worker was diagnosed as having pain in the ankle and foot joint, posterior tibial tendon dysfunction, tendon disorder, pain in the joint of the left foot, instability of the ankle, and hallux rigidus of the left foot. Treatment to date has included medications, ice, and the use of controlled ankle movement (cam) boot to the left foot. An MRI of the left foot on 10/21/15 revealed inflammation on tendons but mostly of the posterior tibial tendon., bilateral flat feet with hallux limitis of the left foot secondary to first met-cuneiform hyper-mobility. This is a request for follow-up office visits times four. As the injured worker is experiencing ongoing pain and limitations of the right ankle and foot a follow-up visit with the primary provider is warranted. However, the future need for more than one follow-up visit cannot be determined at this time and the need for another visit should be evaluated at the next physical examination. The request for office visits x4 is not medically necessary.

X-ray of the right ankle x11 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the MTUS guidelines, for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the

diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle radiographic series is indicated if the patient is experiencing any pain in the: 1) Malleolar area, and any of the following findings apply: a) tenderness at the posterior edge or tip of the lateral malleolus; b) tenderness at the posterior edge or tip of the medial malleolus; or c) inability to bear weight both immediately and in the emergency department. 2) Midfoot area, and any of the following findings apply: a) tenderness at the base of the fifth metatarsal; b) tenderness at the navicular bone; or c) inability to bear weight both Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is highvelocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps.For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist in reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. In this case, the injured worker was diagnosed as having pain in the ankle and foot joint, posterior tibial tendon dysfunction, tendon disorder, pain in the joint of the left foot, instability of the ankle, and hallux rigidus of the left foot. Treatment to date has included medications, ice, and the use of controlled ankle movement (cam) boot to the left foot. An MRI of the left foot on 10/21/15 revealed inflammation on tendons but mostly of the posterior tibial tendon., bilateral flat feet with hallux limitis of the left foot secondary to first met-cuneiform hyper-mobility. This is a request for x-rays of the right ankle X 11. The injured worker is experiencing ongoing pain and limitations of the right ankle and foot, however, there was an MRI of the ankle/foot recently performed. There is no acute injury that would necessitate an x-ray. Additionally, there is no rationale included for requesting 11 x-rays. The request for X-ray of the right ankle x11 visits is not medically necessary.