

Case Number:	CM13-0042423		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2011
Decision Date:	09/29/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/17/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female with a reported date of injury on 11/07/2011. The injury reportedly occurred when a large microscope struck and caught the injured worker's left ankle. Her diagnoses were noted to include chronic left ankle strain, compensatory right leg strain, chronic lumbosacral ligamentous and muscular strain, mild insomnia, and stress. Her previous treatments were noted to include crutches, physical therapy, aquatic therapy, epidural injections, and medications. The provider indicated a left ankle MRI was performed 01/25/2012 and showed no evidence of traumatic abnormality, and a ganglion cyst in the dorsum of the anterior of the cuneiform, but there was no ligamentous tear. The progress note dated 10/07/2013 revealed complaints of frequent pain to the left ankle and at times became stabbing, burning, and achy. The pain traveled to the back of her foot, and she has had episodes of developing 3 lumps, swelling, numbness, and tingling to the left ankle. Her ankle has given out which caused her to lose her balance. She had difficulty standing and walking for a prolonged period of time. Her pain worsened when she flexed, extended, or rotated her foot and ankle. The injured worker ambulated with an uneven gait. The injured worker revealed pain and muscle relaxant medication and the use of analgesic ointment provided her temporary relief. Physical therapy and pain medication provided her temporary pain improvement, and she remained symptomatic. The physical examination of the left ankle revealed swelling and tenderness on the lateral malleolus, anterior tibiofibular ligament, and peroneal tendons. The orthopedic tests were negative, and the injured worker had restriction on flexion and extension by 25% and an eversion and inversion by 25%. The left ankle testing noted the injured worker to have decreased motor strength rated 4/5 and minimal sensation loss to the L5 lateral leg, mid foot; and S1 posterior leg, outer foot. The Request for Authorization form was not submitted within the medical records. The request was for left ankle treatment because the left ankle had not been treated, left ankle MRI for re- evaluation, and acupuncture of the right ankle; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) ANKLE TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Office visits.

Decision rationale: The request for left ankle treatment is not medically necessary. The injured worker has received physical therapy and an MRI to her left ankle. The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for clinical office visits with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the injured worker is taking since some medications such as opiates, or certain antibiotics that require close monitoring. The injured worker has received previous treatments such as physical therapy and medications and an MRI to the left ankle. The request for left ankle treatment does not specifically request what type of treatment is needed. Therefore, the request is not medically necessary.

(L) ANKLE MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for a left ankle MRI is not medically necessary. The injured worker had a left ankle MRI performed 01/25/2012 which showed no evidence of traumatic abnormality and a ganglion cyst in the dorsum of the anterior of the cuneiform but no ligamentous tear. The CA MTUS/ACOEM state 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. Routine testing, laboratory tests, plain field radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises a suspicion of the dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in a fracture can have radiographs if the Ottawa criteria are met. This will markedly increase the diagnostic field for plain radiography. The Ottawa criteria for an ankle radiograph is indicated if the injured worker is experiencing any pain in the malleolar area and any of the following findings apply, such as tenderness of the posterior edge or tip of the lateral malleolus, tenderness of the posterior edge or tip of the medial malleolus, and inability to bear weight both immediately and in the emergency department. The mid foot

and any of the following findings apply such as tenderness at the base of the 5th metatarsal, tenderness of the navicular bone or inability to work, bear weight both immediately and in the emergency department. Disorders of soft tissue (such as tendonitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies. Magnetic resonance imaging may be helpful to clarify diagnosis such as osteochondritis dissecans in cases of a delayed recovery. The guidelines state the MRI could be used to identify and define metatarsal fractures and toe fractures. The documentation provided indicated the injured worker has had physical therapy to the left ankle; however, there is lack of documentation regarding a plain radiograph prior to requesting the MRI being performed. There is a lack of documentation regarding red flags to warrant an MRI to the left ankle. The injured worker has received a previous MRI to the left ankle, and there is a lack of significant clinical findings to warrant a repeat MRI. Therefore, the request is not medically necessary.

ACUPUNCTURE OF (R) ANKLE (UNSPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture of the right ankle (unspecified) is not medically necessary. The injured worker complains of left ankle pain. The Acupuncture Medical Treatment Guidelines state acupuncture can be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state the frequency and duration of acupuncture can be 3 to 6 treatments with a frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The injured worker indicated her right leg would give out and she suffered from severe tingling that would cause her to lose her balance. There is a lack of clinical findings or examination performed on the right leg to warrant acupuncture. Therefore, due to the lack of documentation regarding injury or clinical findings to the right ankle, the request for acupuncture is not appropriate. Additionally, the request failed to provide the number of sessions requested. Therefore, the request is not medically necessary.