

Case Number:	CM13-0032952		
Date Assigned:	03/21/2014	Date of Injury:	01/29/2004
Decision Date:	04/06/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

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 January 29, 2004. He has reported stiffness, achiness and discomfort in bilateral knees. The diagnoses have included status post left knee quadriceps repair, status post left knee arthroscopy, lumbar spinal stenosis, and right knee osteoarthritis and meniscus tear of the right knee. Treatment to date has included radiographic imaging, diagnostic studies, and surgical intervention of the left knee, conservative therapies, pain medications and work restrictions. Currently, the IW complains of stiffness, achiness and discomfort in bilateral knees. The injured worker reported an industrial injury in 2004, resulting in chronic bilateral knee pain as previously noted. He was treated surgically for left knee pain and conservatively for right knee pain. The right knee remains more painful than the left painful with activity. Evaluation on June 20, 2013, revealed some relief with a recent pain injection however, the pain continued. A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination of the bilateral ankle joints was not specified in the records provided. The current medication list was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Bilateral Ankles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Treatment Guidelines, Indications for Imaging, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: Per cited 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. Routine testing, i.e., laboratory tests, plain-film 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 suspicion of a dangerous foot or ankle condition or of referred pain. 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 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. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Any of these indications that would require a MRI of the left ankle were not specified in the records provided. A recent detailed clinical evaluation note of treating physician was not specified in the records. A recent detailed physical examination of the bilateral ankle joints was not specified in the records provided. The current medication list was not specified in the records provided a recent bilateral ankle joint x-ray report was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. Any significant functional deficits of the bilateral ankle joints that would require MRI of the bilateral ankles were not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. Any finding indicating red flag pathologies were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Details of these conservative treatments and response to the physical therapy were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the bilateral ankle was not specified in the records provided. Therefore, the request is not medically necessary.