

<b>Case Number:</b>	CM14-0146549		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 46 year old female with a work injury dated 1/18/13. The diagnoses include left ankle internal derangement; right knee myoligamentous injury; lumbar myoligamentous injury. Under consideration are requests for MRI left ankle and aquatic therapy 8 sessions. Prior treatment has included acupuncture, PT, physical therapy, medication management. A 3/28/13 MRI of the left ankle revealed marked distal posterior tibialis tendinosis with superimposed very low- grade partial thickness intrasubstance tearing over length of 3 cm, approximately 1.6cm from the navicular attachment with moderate surrounding tenosynovial fluid. There is a primary treating physician progress report that dated 9/18/14 that states that the patient as seen on 07/29/14 by an orthopedic surgeon who indicated in his report that the patient presents, herself with left ankle posterior tendon tear. He was requesting MRI of the left ankle for an update. In addition, he is, requesting course of aquatic therapy twice a week for four weeks to improve range of motion, reduce pain, and increased strength, He also prescribed the patient Tramadol 50 mg to reduce pain and he is recommended to return to six to eight weeks. The document states that at this time the patient has ongoing problem. She is wearing left foot ankle brace for support as she has chronic ligament tear and pain. The compensatory problems have resulted in bilateral knee conditions, which in my opinion are worsening and therefore an MRI is required. Her current complaints are left ankle pain which is constant, sharp, stabbing and increases with prolonged activities. Any walking without her brace or barefoot causes severe pain for days. On exam there is paravertebral tenderness, decreased lumbar range of motion. There is a positive Kemp and Valsalva test bilaterally. There are 2+/4 reflexes of the patella and Achilles bilateral lower extremities. There is normal sensation in the lower extremities. There is decreased right vs. left knee range of motion. There is tenderness upon bilateral knee palpation. There is a negative right heel and toe walk and positive left. The treatment plan includes aqua therapy two times a

week for four weeks; acupuncture, MRI left ankle right and left knees. The patient may continue working full duty without restrictions. A 12/1/14 physical exam revealed positive tests for tenderness to palpation about the anterior and lateral regions of the left ankle. Limited range of motion is noted with pain following internal rotation. An 8/25/14 physical exam revealed tenderness to palpation is noted in the anterior and lateral portion of the left ankle. Internal rotation is limited with pain. Swelling is noted by the end of the day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG- ankle Magnetic resonance imaging (MRI)

**Decision rationale:** MRI left ankle is not medically necessary per the ACOEM MTUS guidelines and the ODG. The guidelines state that 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. Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The ODG states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation indicates that the patient has had a prior ankle MRI. There are no significant new exam findings on the recent documentation that would necessitate an updated MRI. The request for MRI left ankle is not medically necessary.

**Aquatic Therapy 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 98-99, 22.

**Decision rationale:** Aquatic therapy 8 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. The MTUS recommends a fading of frequency of therapy towards an independent home exercise program.

The documentation does not indicate that the patient cannot participate in land based therapy. The patient has participated in prior therapy and should be versed in a home exercise program at this point. The request for aquatic therapy 8 sessions is not medically necessary.