

Case Number:	CM15-0173742		
Date Assigned:	09/15/2015	Date of Injury:	09/16/2013
Decision Date:	10/16/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/03/2015

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: Connecticut, California, Virginia

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 32 year old female, who sustained an industrial injury on 9-16-2013. The injured worker was diagnosed as having calcaneofibular ligament ankle sprain, sprain of lateral collateral ligament of knee, and metatarsophalangeal joint sprain. Treatment to date has included diagnostics, physical therapy, cortisone injection, acupuncture, right ankle surgery in 6-2014 and right ankle arthroscopy, peroneal tendon debridement and peroneal tendon repair on 7-17-2014, and medications. Currently, the injured worker complains of right ankle pain and swelling, rated 2 out of 10 and mild in the morning, but increased to 8 out of 10 at night. She ambulated with crutches all the time. Even with crutches she could not stand or walk for more than 10 minutes. She also reported good and bad days with her left knee (rated 1-2 out of 10 on good day, 6 out of 10 on bad day), occasional popping of her knee, and at times losing balance due to left knee giving out. She had difficulty with activities of daily living and difficulty sleeping. She was currently taking "unrecalled pain medication" and Vitamin D. Her physical exam noted a weight of 260 pounds and a height of 5'11". Calf and quad circumference was greater in the right as opposed to the left. Exam of the right ankle noted significant lateral swelling and painful palpation to the anterolateral gutter, anterior talofibular ligament, calcaneofibular ligament, peroneal tendons, anterior tibialis, and syndesmosis ligaments. Range of motion showed plantar flexion 30, dorsiflexion 10, subtalar eversion 10, and subtalar inversion 10. Instability was noted with varus stress and anterior drawer. Exam of the left knee noted 1+ effusion, pain with palpation of the medial and lateral joint lines and medial and lateral patellar facets, positive patellar grind, flexion to 130 and extension 0, "stable" ligaments, positive

McMurray, and 4 of 5 strength in the quadriceps and hamstrings. X-ray of the right foot-ankle was documented to show no fracture or subluxation. X-ray of the left knee was documented to show no arthritic changes, and no abnormal ossification or calcification. Magnetic resonance imaging of the right ankle (12-2014) showed no evidence of recurrent tendon rupture. Electromyogram and nerve conduction studies of the right lower extremity (2-2015) were "normal". Her work status was total temporary disability. Her complaints appeared consistent since at least 1-2015. The treatment plan included magnetic resonance imaging of the left knee (rule out internal derangement) and right ankle (evaluate state of talar edema seen on previous imaging), non-certified by Utilization Review on 8-12-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left knee without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter.

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

Decision rationale: The CA MTUS addresses the use of imaging in complaints of knee pain. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. In this case the nature of the patient's knee injury (indicated to be a strain per the provided documents) is mentioned as potentially warranting an MRI. This appears reasonable based on complaints of instability and possible internal derangement, particularly in light of the lack of improvement with conservative measures. Therefore, based on the guidelines and provided records, the request is considered medically necessary at this time.

MRI of the right ankle without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter.

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

Decision rationale: The MTUS ACOEM guidelines discuss imaging modalities in cases of foot and ankle pain. In this case, the patient has been diagnosed with sprain/strain. At this time it appears that the patient has not done well status-post operative intervention, and last imaging

revealed edema that has not since been evaluated. MRI appears to be an appropriate modality given the failure of resolution at this time and possibility of pathology requiring further intervention; therefore the request is considered medically necessary at this time.