

Case Number:	CM15-0037297		
Date Assigned:	03/05/2015	Date of Injury:	07/16/2013
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

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 34-year-old male, who sustained an industrial injury on 7/16/2013. He has reported a fall down one-step with severe pain to lower back, left knee, left ankle and left great toe. He is status post left knee arthroscopy for medial and lateral meniscectomy 1/17/14, with postoperative complication of bleeding requiring an evaluation in the Emergency Department. There is documented health history including a mechanical aortic valve 2000, with chronic coumadin therapy. The diagnoses have included tear of left knee meniscus. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, surgical intervention, pre and postoperative physical therapy. Currently, the IW complains of left ankle and foot pain associated with instability with ambulation, popping, clicking, and burning. The Magnetic Resonance Imaging (MRI) from 1/1/15 was significant for positive changes in posterior ankle joint, peroneal derangement, and sinus tarsi inflammation. The physical examination from 2/19/15 documented he was non-weight bearing. There was tenderness, severe pain, decreased muscle strength 3/5, a guarded gait and inability to complete a hop test due to pain. The plan of care included an Arizona brace, repeat imaging studies to assess weight bearing findings, and on-going medication therapy. On 2/27/2015, the injured worker submitted an application for IMR for review of Computed Topography (CT) scan of left ankle, left ankle subtalar joint arthrogram, and peroneal tenogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The 2/18/15 Utilization Review letter states the CT scan of the left ankle was denied, but there is no rationale provided for the denial, and no mention of what medical records were relied on to make the denial. The medical records provided for review include 276 pages from 1/09/2014 through 2/10/2015. The reports from 1/19/14 -11/26/14 do not discuss an ankle condition, but focus on the knee and low back. The first report mentioning the left ankle is the 12/29/14 podiatry report, and the 12/31/14 chiropractic PTP report refers the patient for podiatry management. According to the 2/10/15 podiatry report, the patient presents with ongoing left ankle pain, loss of strength and gait derangement. The podiatrist has reviewed the 1/27/15 left ankle MRI. He notes the patient is concerned if surgery is indicated, that his disability would run out because he is approaching the 2-year anniversary from the date of injury. The podiatrist recommends repeat x-rays with weight bearing, CT followed by fluoroscopy or CT guided arthrogram. He also recommends EMG/NCV. The subtalar joint CT was to compartmentalize the amount of pain the patient is having that is Intraarticular versus extraarticular. The peroneal tenogram based on the physical exam findings, but also for potential surgical planning for possible open repair. There is no discussion of conservative treatment or outcomes. ACOEM Chapter 14, ankle/foot complaints, pg 372-374, for Special Studies and Diagnostic and Treatment Considerations states: 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. The patient had an ankle MRI on 1/27/15, about 2-weeks before the podiatrist requests the CT of the ankle. The MRI did show degenerative arthrosis at the subtalar joint, sinus tarsi inflammation, and various other findings. The patient has not had conservative treatment and observation related to the findings on the MRI. The request for the CT scan does not appear to be in accordance with MTUS/ACOEM guidelines. The request for the CT scan of the left ankle IS NOT medically necessary.

Subtalar joint CT guided arthrogram, fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The 2/18/15 Utilization Review letter states the Subtalar joint CT guided arthrogram, fluoroscopy was denied, but there is no rationale provided for the denial, and no mention of what medical records were relied on to make the denial. The 2/18/15 Utilization

Review letter states the CT scan of the left ankle was denied, but there is no rationale provided for the denial, and no mention of what medical records were relied on to make the denial. The medical records provided for review include 276 pages from 1/09/2014 through 2/10/2015. The reports from 1/19/14 -11/26/14 do not discuss an ankle condition, but focus on the knee and low back. The first report mentioning the left ankle is the 12/29/14 podiatry report, and the 12/31/14 chiropractic PTP report refers the patient for podiatry management. According to the 2/10/15 podiatry report, the patient presents with ongoing left ankle pain, loss of strength and gait derangement. The podiatrist has reviewed the 1/27/15 left ankle MRI. He notes the patient is concerned if surgery is indicated, that his disability would run out because he is approaching the 2-year anniversary from the date of injury. The podiatrist recommends repeat x-rays with weight bearing, CT followed by fluoroscopy or CT guided arthrogram. The CT arthrogram was suggested for surgical planning. He also recommends EMG/NCV. The subtalar joint CT was to compartmentalize the amount of pain the patient is having that is Intraarticular versus extraarticular. The peroneal tenogram based on the physical exam findings, but also for potential surgical planning for possible open repair. There is no discussion of conservative treatment or outcomes. None of the reports document conservative care, exercise programs, or outcomes for the left ankle. ACOEM Chapter 14, ankle/foot complaints, pg 372-374, for Special Studies and Diagnostic and Treatment Considerations states: 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. ACOEM Chapter 14, ankle/foot complaints, pg 374 for Surgical Considerations, allows for surgical consultation if there is "Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot." The CT arthrogram was requested for surgical planning, but the records start mentioning ankle symptoms just 6-weeks prior. There is no documentation of conservative care or an exercise program for the ankle. MTUS/ACOEM does not recommend special studies until after a period of conservative care and monitoring. MTUS/ACOEM does not recommend surgery unless there failure of an exercise program to increase ROM, and strength around the ankle. The request is not in accordance with MTUS/ACOEM guidelines. The request for Subtalar joint CT guided arthrogram, fluoroscopy IS NOT medically necessary.

Peroneal tenogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The 2/18/15 Utilization Review letter states the Peroneal tenogram was denied, but there is no rationale provided for the denial, and no mention of what medical records were relied on to make the denial. The 2/18/15 Utilization Review letter states the CT scan of the left ankle was denied, but there is no rationale provided for the denial, and no mention of what medical records were relied on to make the denial. The medical records provided for review include 276 pages from 1/09/2014 through 2/10/2015. The reports from 1/19/14 -11/26/14 do not discuss an ankle condition, but focus on the knee and low back. The first report mentioning the left ankle is the 12/29/14 podiatry report, and the 12/31/14 chiropractic PTP report refers the

patient for podiatry management. According to the 2/10/15 podiatry report, the patient presents with ongoing left ankle pain, loss of strength and gait derangement. The podiatrist has reviewed the 1/27/15 left ankle MRI. He notes the patient is concerned if surgery is indicated, that his disability would run out because he is approaching the 2-year anniversary from the date of injury. The podiatrist recommends repeat x-rays with weight bearing, CT followed by fluoroscopy or CT guided arthrogram. The CT arthrogram was suggested for surgical planning. He also recommends EMG/NCV. The subtalar joint CT was to compartmentalize the amount of pain the patient is having that is Intraarticular versus extraarticular. The peroneal tenogram based on the physical exam findings, but also for potential surgical planning for possible open repair. There is no discussion of conservative treatment or outcomes. None of the reports document conservative care, exercise programs, or outcomes for the left ankle. ACOEM Chapter 14, ankle/foot complaints, pg 372-374, for Special Studies and Diagnostic and Treatment Considerations states: 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. ACOEM Chapter 14, ankle/foot complaints, pg 374 for Surgical Considerations, allows for surgical consultation if there is "Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot." The Peroneal tenogram was requested for surgical planning, but the records start mentioning ankle symptoms just 6-weeks prior. There is no documentation of conservative care or an exercise program for the ankle. MTUS/ACOEM does not recommend special studies until after a period of conservative care and monitoring. MTUS/ACOEM does not recommend surgery unless there failure of an exercise program to increase ROM, and strength around the ankle. The request is not in accordance with MTUS/ACOEM guidelines. The request Peroneal tenogram IS NOT medically necessary.