MAXIMUS Federal Services

Case Number:	CM15-0061264		
Date Assigned:	04/07/2015	Date of Injury:	06/18/1998
Decision Date:	05/06/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	03/31/2015

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: New York
Certification(s)/Specialty: Podiatrist

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 56 year old male, who sustained an industrial injury on 6/18/1998. The injured worker was diagnosed as having plantar fascial fibromatosis, other joint derangement, not elsewhere classified, ankle and foot, hammertoe grade 2/4, calcaneal spur, plantar fasciitis of bilateral feet, and left ankle instability. Treatment to date has included diagnostics, splinting, and medications. Currently, the injured worker complains of weakness and instability of his left foot, noting a fall two weeks prior, due to weakness with instability during gait. X-rays (2 data points) were referenced. No improvement was noted with conservative care. A previous progress report, dated 2/27/2015, noted bilateral foot pain. The treatment plan included a follow-up in 2 weeks, following specialized diagnostic study. Stress x-rays of bilateral ankles, with application of manual stress, were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stress x-rays (inversion stress and anterior push-pull), bilateral ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the enclosed progress notes, this patient was evaluated by his podiatrist on 3/13/2015. Patient's initial complaint was left foot pain, and instability and weakness during gait. The progress notes state that patient has not improved with conservative treatments. The podiatrist advises in the progress note that the prior x-rays were evaluated by him and note hammertoe deformities. The physical exam this day reveals pain upon palpation to the plantar fascia. Antalgic gait is noted. The physical exam also reveals a drawer positive test and that "no gross instability" is noted to the left ankle or foot. Many diagnoses are made, most important for this case are plantar fasciitis and ankle instability. Treatment plan for the ankle instability is x rays ankle bilateral. On 2-27-2015 pt was seen for BL foot and ankle pain and left ankle instability was noted. MTUS criteria states that: 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. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle radiographic series is indicated if the patient is experiencing any pain in the: Malleolar area, and any of the following findings apply: a) tenderness at the posterior edge or tip of the lateral malleolus; b) tenderness at the posterior edge or tip of the medial malleolus; or c) inability to bear weight both immediately and in the emergency department. After careful review of the progress notes, it does not appear to me that there are red flags with regards to the patient's ankle that would require a stress x ray. Furthermore, there is no documentation that the pt has failed conservative treatments for his "unstable ankle." The request is not medically necessary.

Manual application of stress by a physician for bilateral ankle x-rays: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the enclosed progress notes, this patient was evaluated by his podiatrist on 3/13/2015. Patient's initial complaint was left foot pain, and instability and weakness during gait. The progress notes state that patient has not improved with conservative treatments. The podiatrist advises in the progress note that the prior x-rays were evaluated by him and note hammertoe deformities. The physical exam this day reveals pain upon palpation to the plantar fascia. Antalgic gait is noted. The physical exam also reveals a drawer positive test and that "no gross instability" is noted to the left ankle or foot. Many diagnoses are made, most important for this case are plantar fasciitis and ankle instability. Treatment plan for the ankle

instability is x rays ankle bilateral. On 2-27-2015 pt was seen for BL foot and ankle pain and left ankle instability was noted. MTUS criteria states that: 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. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in fracture can have radiographs if the Ottawa Criteria are met. This will markedly increase the diagnostic yield for plain radiography. The Ottawa Criteria are rules for foot and ankle radiographic series. An ankle radiographic series is indicated if the patient is experiencing any pain in the: Malleolar area, and any of the following findings apply: a) tenderness at the posterior edge or tip of the lateral malleolus; b) tenderness at the posterior edge or tip of the medial malleolus; or c) inability to bear weight both immediately and in the emergency department. After careful review of the progress notes, it does not appear to me that there are red flags with regards to the patient's ankle that would require a stress x ray. Furthermore, there is no documentation that the pt has failed conservative treatments for his "unstable ankle." Because the stress x rays are not recommended per above, the manual application of stress by a physician for bilateral ankle x-rays is not medically necessary.