

Case Number:	CM14-0143190		
Date Assigned:	09/10/2014	Date of Injury:	12/18/2013
Decision Date:	10/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 a licensed Doctor of Podiatric Medicine and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 12/18/2013. It is noted that patient stepped on a rock and twisted his right ankle. Initial diagnoses include inversion ankle injury, sprain/strain of ankle, abnormalities of gait, joint derangement. A small osteochondral lesion was noted on MRI evaluation as of 4/9/2014. It was also noted that patient had moderate ankle joint effusion, and an ankle joint synovial cyst. On 6/7/2014 is still experiencing right side of ankle pain. It is noted that patient had been on pain medication and oral anti-inflammatory medication. Physical exam reveals lateral ankle swelling with severe tenderness upon palpation. The podiatrist noted peroneal brevis tendon flattening on his evaluation of the MRI, and recommended repeat MRI for further evaluation. Also recommended ankle brace. On 6/20/2014 patient was evaluated by an orthopedic surgeon who recommended a more supportive lace up ankle brace along with stretching and strengthening exercises for the peroneal muscle and tendon. On 8/4/2014 patient underwent CT evaluation which revealed moderate thickening of the Peroneus longus tendon distally, suggestive of moderate tendinopathy. It was no tear of the tendon noted. I think the patient related I 50 percent relief as the area was injected with local anesthetic. On CT arthrography extravasation of the dye into the soft tissue is noted laterally. The progress note dated 8/12/14 advises that this patient had a CT arthrogram and CT tenogram and there was no extravasation of dye into the ankle joint from the peroneal tendons. It was then recommended that this patient undergo a fluoroscopy guided arthrogram to help compartmentalize the additional pain and determine the integrity of the lateral collateral ligaments. This was recommended on 8/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right ankle block - fluoroscopy-guided arthrogram with fusion contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG, Ankle and Foot Chapter, MR arthrogram

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot, MR arthrogram

Decision rationale: After careful review of the enclosed information and the pertinent MTUS and ODG guidelines for this case, it is my feeling that the decision for a "right ankle block - fluoroscopy guided Arthrogram with fusion contrast" is not medically reasonable or necessary for this patient at this time. According to the enclosed progress notes this patient has received significant work up and specialized studies for his right ankle pain including an MRI and a CT. He has also undergone CT arthrogram's and tenograms. MTUS guidelines do advise 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. Furthermore, ODG guidelines state that MR arthrography is more accurate than a regular Arthrogram. Therefore the request is not medically necessary