

Case Number:	CM14-0148624		
Date Assigned:	09/18/2014	Date of Injury:	07/10/2012
Decision Date:	10/23/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 44-year-old male who reported an injury on 07/10/2012. The mechanism of injury involved heavy lifting. The current diagnoses include chronic sprain/strain of the bilateral ankles and right and left ankle strain with posterior tibial tenosynovitis. Previous conservative treatment is noted to include medication management, physical therapy, ankle injections, and home exercise. The injured worker was evaluated on 07/29/2014 with complaints of 5/10 ankle pain and 8/10 foot pain. The injured worker also reported swelling and numbness in the bilateral lower extremities. Physical examination revealed 15 degree dorsiflexion, 40 degree plantarflexion, 25 degree inversion, 15 degree eversion, and tenderness to palpation over the posterior aspect of the medial malleolus bilaterally. Treatment recommendations at that time included a bilateral lower extremity x-ray and MRI. A request for authorization form was then submitted on 07/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the bilateral ankles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. An ankle radiographic series is indicated if the patient is experiencing any pain the malleolar area or midfoot. An MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Disorders of the soft tissue yield negative radiographs and do not warrant other studies such as an MRI. As per the documentation submitted, the injured worker underwent x-rays in 01/2014, according to an agreed medical examination report. The injured worker's bilateral ankle x-ray demonstrated normal findings. The medical necessity for an additional imaging study has not been established. Physical examination only revealed tenderness to palpation over the posterior aspect of the medial malleolus with slightly limited range of motion. There was no documentation of any red flags for serious pathology. Based on the clinical information received, the request is not medically appropriate at this time.

MRI of the bilateral ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle and Foot (Acute and Chronic)

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. An ankle radiographic series is indicated if the patient is experiencing any pain the malleolar area or midfoot. An MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Disorders of the soft tissue yield negative radiographs and do not warrant other studies such as an MRI. As per the documentation submitted, the injured worker underwent x-rays in 01/2014, according to an agreed medical examination report. The injured worker's bilateral ankle x-ray demonstrated normal findings. The medical necessity for an additional imaging study has not been established. Physical examination only revealed tenderness to palpation over the posterior aspect of the medial malleolus with slightly limited range of motion. There was no documentation of any red flags for serious pathology. Based on the clinical information received, the request is not medically appropriate at this time.