

Case Number:	CM13-0011717		
Date Assigned:	12/27/2013	Date of Injury:	11/01/2012
Decision Date:	03/14/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 patient is a 24-year-old injured worker with an 11/1/12 date of injury. There is documentation of subjective right ankle pain and objective antalgic gait, tenderness in the posterior calcaneal area near the insertion of the Achilles tendon and lateral malleolus, and swelling. Findings include, imaging findings: right ankle x-rays (6/19/13) report revealed small avulsion off of the distal fibula. Current diagnosis includes right ankle injury. Treatment plan to date includes medications. There is no documentation of a condition/diagnosis with supportive subjective/objective findings for which MRI is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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): 374..

Decision rationale: The MTUS/ACOEM identifies documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery, as criteria necessary to support the medical necessity of MRI of the ankle. The Official Disability Guidelines (ODG) identifies

documentation of a condition/diagnosis (with supportive subjective/objective and x-ray findings) for which MRI is indicated. This includes chronic ankle pain with suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal which has not responded to conservative treatment; as criteria necessary to support the medical necessity of MRI of the ankle. Within the medical information available for review, there is documentation of a diagnosis of right ankle injury. However, despite documentation of subjective findings (right ankle pain), objective findings (antalgic gait, tenderness in the posterior calcaneal area near the insertion of the Achilles tendon and lateral malleolus, and swelling), imaging findings (right ankle x-rays identifying small avulsion off of the distal fibula) and conservative treatment (medications), does not include documentation of a condition/diagnosis (with supportive subjective/objective findings) for which MRI is indicated. The request for 1 MRI of the right ankle is not medically necessary and appropriate.