

Case Number:	CM13-0014070		
Date Assigned:	09/26/2013	Date of Injury:	10/18/1993
Decision Date:	01/22/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/20/2013

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 Connecticut, North Carolina, Pennsylvania, and 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 67-year-old gentleman who sustained an injury to his right ankle on 10/18/93. [REDACTED], the orthopedic surgeon, noted ongoing complaints of right foot and ankle pain, with complaints of a "drop foot," on 7/9/13. Objectively, there was significant tenderness to palpation over the calcaneus, navicular bone, plantar fascia, as well as the forefoot, with increased pain with plantar and dorsiflexion, as well as tenderness over the posterior talofibular ligament and Achilles tendon. Motor tone to the lower extremities, however, was 5/5 in all major muscle groups with equal and symmetrical +2 reflexes. It states that the patient is utilizing his ankle-foot orthotic (AFO) brace and has an antalgic gait. The patient's current diagnosis is right ankle arthropathy. Recent radiographs of the ankle and foot demonstrated only minimal arthritic change. Records do not indicate significant change in claimant's physical exam findings dating back to 6/4/13, 4/25/13, and 02/28/13; all noted continued use of an AFO brace to the right lower extremity. Further imaging or understanding of documented treatment to the ankle is not noted.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Procedure Summary

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

Decision rationale: The claimant's diagnosis in regard to the ankle appears to be stable with no significant change dating back to February 2013. The claimant is now greater than 20 years from time of injury and utilizing an ankle-foot orthotic (AFO) brace on the right lower extremity. Guideline criteria with regard to MRI scans states that this type of imaging should be used only to clarify diagnosis such as osteochondritis desiccans, or in cases of delayed recovery. While delayed recovery could be argued in this case, the claimant's physical exam findings and current course of care have not significantly changed over the past calendar year; there is also merely limited documentation of conservative measures taken thus far. The role of an acute MRI scan in this stage of the claimant's clinical course of care would not be indicated.