

Case Number:	CM13-0020148		
Date Assigned:	12/27/2013	Date of Injury:	07/25/2012
Decision Date:	07/28/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/04/2013

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 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 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 32-year-old female who reported an injury on 06/26/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/05/2014 indicated a diagnosis of pain in joint, ankle foot. The injured worker was status post right ankle arthroscopic surgery on 01/20/2014. She had finished 12 sessions of physical therapy. The injured worker reported her strength was better, but reported she had pain with range of motion. The injured worker reported she walked about 30 minutes a day and reported the activity has helped her some with weight loss. The injured worker reported her pain was 7/10 without medications. She reported she had used organic topical oils and found it was beneficial. The injured worker reported she had used Vicodin 2 to 3 times a week for pain. On physical examination, the injured worker's gait was normal. The unofficial MRI dated 02/13/2014 of the ankle without contrast revealed small cartilage flap of the medial talar dome, no joint loose bodies, and mild posterior tibialis tenosynovitis. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy/occupational therapy and medication management. The injured worker's medication regimen included Diclofenac, Flexeril, Lexapro, and Vicodin. The provider submitted a request for an MRI of the right ankle/foot without contrast. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT ANKLE/FOOT W/O CONTRAST: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Magnetic resonance imaging, (MRI).

Decision rationale: The California MTUS ACOEM states disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, such as a magnetic resonance imaging (MRI). An MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The Official Disability Guidelines (ODG) states repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is a lack of documentation indicating neurological defects. In addition, there is a lack of documentation regarding the failure of conservative treatment. Additionally, there are no indications of red flag diagnoses or the intent to undergo any further surgery requiring an MRI. Moreover, the rationale for the request was not provided. The medical necessity for imaging has not been established. Therefore, the request for an MRI of the right ankle/foot without contrast is not medically necessary.