MAXIMUS Federal Services

| Case Number: | CM13-0026630 | | |
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| Date Assigned: | 11/22/2013 | Date of Injury: | 06/08/2010 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

## 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 claimant is a 58-year-old who was injured on 06/08/10 sustaining an injury to the neck, low back wrists, and ankle. Specific to the left ankle, records indicate a 08/19/13 assessment stating the claimant was with subjective complaints of knee pain with buckling to the left lower extremity. Objective findings at that date showed tenderness noted over the medial aspect of the knee to be "decreased". There was noted to be pain over the peroneal tendon and lateral malleolus on the left knee, but no subluxation. Treating physician at that date, [redacted]., indicated that no prior treatment to the ankle has occurred with no prior testing. He recommended an MRI scan given the claimant's tenderness over the peroneal tendon for further assessment. The specific treatment to the ankle is not noted as stated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle procedure, Magnetic resonance imaging (MRI)

**Decision rationale:** When looking at CA MTUS criteria, the specific indications for ankle MRI scans in the chronic setting are indicated when plain film radiographs are noted to be unremarkable or equivocal. Recommendations for an MRI scan based on this claimant's current clinical presentation are not supported. Clinical records reviewed indicate no prior plain film radiographs of the ankle and in essence any treatment to the ankle with symptoms first appearing on 08/19/13 assessment. The acute role of imaging in absence of treatment and plain film radiographs at this stage in course of care would not be indicated.