

<b>Case Number:</b>	CM13-0029518		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	04/27/2007
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Orthopaedic 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.

### 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 Physician Reviewer's decision rationale: CA MTUS Guidelines criteria, MRI imaging of the ankle would not be indicated at present. Guideline criteria for the use of the ankle MRI in the chronic setting is only indicated in the setting of plain normal radiographs with suspected osteochondral injury, tendinopathy, or of uncertain etiology. The records at present fail to demonstrate recent plain film radiographs that have been utilized for the ankle. The absence of the above would fail to necessitate an MRI scan at this stage in the claimant's chronic course of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left ankle:** 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:** The Physician Reviewer's decision rationale: CA MTUS Guidelines criteria, MRI imaging of the ankle would not be indicated at present. Guideline criteria for the use of the ankle MRI in the chronic setting is only indicated in the setting of plain normal radiographs with suspected osteochondral injury, tendinopathy, or of uncertain etiology. The records at present fail to demonstrate recent plain film radiographs that have been utilized for the

ankle. The absence of the above would fail to necessitate an MRI scan at this stage in the claimant's chronic course of care.

**Physical therapy three (3) times a week for six (6) weeks for the cervical/lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The Physician Reviewer's decision rationale: Based on California MTUS Chronic Pain Guidelines, physical therapy in this setting would not be indicated. The provider is requesting 18 sessions of cervical and lumbar therapy in the chronic setting. Guidelines in regard to therapy in the chronic setting, states that it can be used to help control swelling, pain, and inflammation in the rehabilitative process, but should be used sparingly with guidelines indicating the need for therapy for myalgias or myositis of up to 9 to 10 visits over an eight week period of time. The request for 18 sessions of therapy in this case would clearly far exceed guideline criteria for use of this modality in the chronic setting.