

Case Number:	CM13-0031319		
Date Assigned:	12/04/2013	Date of Injury:	07/24/2013
Decision Date:	04/17/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for ankle pain reportedly associated with an industrial injury of July 24, 2013. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; topical patches; NSAIDs; and work restrictions. In a Utilization Review Report of September 18, 2013, the claims administrator denied a request for an ankle MRI, stating the applicant had not had adequate conservative management before the MRI was requested. The applicant's attorney subsequently appealed. An earlier note of September 5, 2013 is notable for comments that the applicant is demonstrating mild improvement. He is described in another section of the report as "stable and improving." The applicant is described as having obtained representation. He exhibits normal range of motion about the injured ankle as it is stated in another section of the report. There is no tenderness about the medial or lateral malleoli with no tenderness about the Achilles tendon. The applicant exhibits a normal gait. MRI imaging, an ankle brace, and regular duty work are endorsed. The applicant subsequently transferred care to another provider and, on November 15, 2013, was asked to obtain physical therapy, acupuncture, an FCE (Functional Capacity Evaluation), a TENS-EMS (Transcutaneous Electric Nerve Stimulator -Electric Muscular Stimulator) unit, DNA testing, and topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 14, 374.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, disorders of soft tissue, such as the ankle sprain type injury present here, yield negative radiographs and do not warrant other studies such as MRI imaging. While MRI imaging may be helpful to clarify diagnosis such as osteochondritis dissecans in cases of delayed recovery, per ACOEM, in this case, however, the applicant was described on the office visit in question in September 2013 as demonstrating normal range of motion about the ankle without swelling, a normal gait, no lateral or medial malleolar tenderness, etc. The applicant was ultimately deemed capable of returning to regular work by the provider who requested the MRI study. He was described as responding favorably to conservative treatment as of September 2013. No compelling case was made for the MRI study in question. Therefore, the request of MRI for the right ankle is not medically necessary and appropriate.