

Case Number:	CM13-0036350		
Date Assigned:	12/13/2013	Date of Injury:	01/02/2004
Decision Date:	02/20/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and 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 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 52-year-old male who reported an injury on January 02, 2004. The patient is diagnosed with ankle synovitis, ankle joint pain, and sprain of the ankle. The patient was seen by [REDACTED] on October 08, 2013. The patient reported 8-9/10 left ankle pain. Physical examination revealed tenderness to palpation with decreased range of motion. Treatment recommendations included a left ankle MR arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

magnetic resonance arthogram (MRA) of the left ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

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 & Foot Chapter, MR arthrogram.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state most ankle and foot problems improve quickly once any red flag issues are ruled out. Routine testing including laboratory tests, plain film radiographs, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination

raises suspicion of a dangerous foot or ankle condition or of referred pain. The Official Disability Guidelines state MR arthrogram is recommended if radiographs are normal, but there is suspicion for osteochondral injury or ankle instability. The patient's physical examination on the requesting date of October 08, 2013 only revealed tenderness to palpation with decreased range of motion. There was no documentation of any neurologic deficit or significant instability. The patient underwent MRI of the left ankle on May 21, 2013 which indicated a 12 mm osteochondral lesion of the talar dome, subchondral cystic change and marrow edema, Os Trigonum Syndrome, severe tendinosis, mild tenosynovitis, moderate diffuse hyperintensity within the sinus tarsi, and plantar fasciitis. There is no documentation of a recent failure to respond to conservative treatment. Based on the clinical information received, the patient does not currently meet criteria for the requested service. Therefore, the request is non-certified.