

Case Number:	CM13-0037791		
Date Assigned:	12/18/2013	Date of Injury:	02/20/2013
Decision Date:	02/18/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/24/2013

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 58-year-old female who reported an injury on 02/19/2013. The mechanism of injury was noted as the patient was running to keep an individual from exiting the facility in his wheelchair. Initial plain view x-rays of the left foot were unremarkable and the diagnosis was a left ankle sprain. The patient was noted to have attended several visits of physical therapy with improvement of her left ankle symptoms. The patient was reportedly doing well until fall of 2013 when she began to experience recurrence of her left foot and ankle complaints. The patient was seen on 10/23/2013 with subjective notes stating that she was overall better, but the left ankle was still painful with documented anterolateral pain. On 11/12/2013, the patient underwent orthopedic consultation, where upon more plain view x-rays were performed which noted the left ankle was within normal limits. The patient was subsequently diagnosed with left ankle sprain with peroneal tendinitis and left leg pain/tenderness along the course of the peroneus longus and brevis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Ankle w/o Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 1043.

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

Decision rationale: According to California MTUS/ACOEM it states disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, for example, magnetic resonance imaging. In the case of this patient, she has been diagnosed with left ankle sprain with peroneal tendinitis. Given this is a soft tissue disorder, CA MTUS does not recommend performing an MRI. As such, the requested service is non-certified.