

Case Number:	CM13-0040609		
Date Assigned:	12/20/2013	Date of Injury:	11/07/2011
Decision Date:	06/09/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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 Orthopedic Surgery, and is licensed to practice in Oklahoma, Texas, California, and Tennessee. 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 injured worker is a 25 year-old female who sustained an injury to her left ankle on 11/07/11 when she was working in the kitchen, three racks fell onto the top of her left foot, temporarily trapping her. A podiatric qualified medical evaluation dated 08/21/13 reported that MRI studies in the past were all negative and that a CT scan was recommended. It was recommended that the injured worker continue physical therapy. An EMG/NCS of the bilateral lower extremities dated 09/23/13 revealed no evidence of root entrapment, acute or chronic denervation, lumbar radiculopathy, plexopathy or peripheral nerve injury. A notification of non-certification dated 09/26/13 reported that a request for MRI of the left ankle without contrast was denied on the basis that there was no evidence of trauma since the original injury or changes on physical examination that would warrant a repeat study.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ANKLE AND FOOT COMPLAINTS, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2008, PAGE 1043; NON MTUS ODG ANKLE AND FOOT (UPDATED 8/19/13) - MAGNETIC RESONANCE IMAGING (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ANKLE AND FOOT CHAPTER, MAGNETIC RESONANCE IMAGING (MRI).

Decision rationale: The request for MRI of the left ankle without contrast is not medically necessary. A podiatric qualified medical evaluation dated 08/21/13 reported that MRI studies in the past were all negative and that a CT scan was recommended. CT scan of the left foot without contrast dated 10/29/13 revealed an unremarkable CT of the foot without evidence of fracture. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was no report of a new acute injury or exacerbation of previous symptoms. There was no indication that a surgical intervention is anticipated. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the left ankle without contrast has not been established. Request is non-certified.