

Case Number:	CM13-0040663		
Date Assigned:	03/21/2014	Date of Injury:	06/04/2011
Decision Date:	05/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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:

According to the records made available for review, this is a 52-year-old female with a 6/4/11 date of injury. At the time (9/26/13) of request for authorization for repeat MRI (with gadolinium contrast) right ankle, there is documentation of subjective (right ankle pain, swelling, and problems with ambulation and range of motion) and objective (limited right ankle range of motion and antalgic gait) findings, current diagnosis (internal derangement right ankle), and treatment to date (medications). Medical report identifies a request for a MRI of the right ankle to determine internal derangement. In addition, medical reports identify that patient underwent right ankle surgery in November 2012 and a right ankle MRI in April 2013 (report not available for review). There is no documentation of significant change in symptoms and/or findings suggestive of significant pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT MRI (WITH GADOLINIUM CONTRAST) RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM identifies documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery, as criteria necessary to support the medical necessity of MRI of the ankle. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective and x-ray findings) for which MRI is indicated [such as: Chronic ankle pain with suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal which has not responded to conservative treatment], as criteria necessary to support the medical necessity of MRI of the ankle. ODG additionally identifies that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the medical information available for review, there is documentation of a diagnosis of internal derangement right ankle. In addition, there is documentation that patient underwent right ankle surgery in November 2012 and a right ankle MRI in April 2013. However, despite documentation of a request for a MRI of the right ankle to determine internal derangement, there is no (clear) documentation of significant change in symptoms and/or findings suggestive of significant pathology. In addition, there is no documentation of the April 2013 MRI report. Therefore, based on guidelines and a review of the evidence, the request for repeat MRI (with gadolinium contrast) right ankle is not medically necessary.