

Case Number:	CM13-0042462		
Date Assigned:	12/27/2013	Date of Injury:	08/21/2012
Decision Date:	02/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of August 21, 2012. 8 utilization review determination dated October 3, 2013 recommends non-certification of MRI for the left ankle. Non-certification was recommended due to lack of documentation of ligamentous instability or chondral surface injuries. Additionally, an avulsion fracture in the talus has already been identified. A progress report dated August 20, 2013 includes a subjective complaints of left ankle pain with frequent radiation up to the low back to the top of the foot with burning and numbness sensation. The note indicates that the patient fell while carrying a vacuum and trash bag and heard a cracking sensation in the left ankle. The patient was diagnosed with a fracture and a cast was applied. The patient underwent a nerve conduction study and was informed of "nerve damage" in her left foot. Physical examination identified and marked tenderness in the anterior lateral ankle joint and over the peroneal tendons, decreased left ankle range of motion, decreased left sub talar joint eversion strength, and trace positive left anterior drawer testing. X-ray identifies an avulsion fracture measuring 3 mm from the lateral process. Impressions staging talus and fracture lateral process of the talus and evidence of peroneal tendon tear. The treatment plan indicates that the patient had an injury 13 months ago and has not undergone immobilization. The patient has signs and symptoms of a peroneal tendon tear as well as a possible partial tear of the anterior talofibular ligament with avulsion of the lateral process of the talus. At this juncture she is likely a surgical candidate. In the meantime she can work modified duties wearing an ankle brace. A progress note dated October 1, 2013 indicates that the patient continues to wear the ankle brace, but the symptoms have increased.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI; Left Ankle: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic Resonance Imaging (MRI)

Decision rationale: Regarding the request for MRI of the left ankle, Occupational Medicine Practice Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery, MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, it is clear the patient has failed conservative treatment. The patient has a diagnosis of an avulsion fracture which has not responded to immobilization. Surgical intervention is being considered; therefore identification of any additional ankle pathology would be prudent. As such, the currently requested left ankle MRI is medically necessary.