

Case Number:	CM13-0043774		
Date Assigned:	01/15/2014	Date of Injury:	09/16/2013
Decision Date:	03/25/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 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:

According to the records made available for review, this is a 34-year-old male with a 9/16/13 date of injury. At the time of request for authorization for MRI of the Left Ankle without contrast between 10/8/2013 and 11/22/2013, there is documentation of subjective (left ankle pain) and objective (limited range of motion and tenderness over the lateral malleolus) findings, imaging findings (x-rays left ankle (9/16/13) report revealed lateral soft tissue swelling and evidence of either some small ligamentous calcifications or small intra-articular loose bodies), current diagnoses (status post left calcaneus intra-articular fracture with subtalar joint and calcaneocuboid joint involvement and right calcaneal contusion), and treatment to date (medications, immobilization, heat/cold application, and physical therapy). There is no documentation of a condition/diagnosis (with supportive subjective/objective and x-ray findings) for which MRI is indicated [Chronic ankle pain with suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal.

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: 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): 374.

Decision rationale: The Physician Reviewer's 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], as criteria necessary to support the medical necessity of MRI of the ankle. Within the medical information available for review, there is documentation of diagnoses of status post left calcaneus intra-articular fracture with subtalar joint and calcaneocuboid joint involvement and right calcaneal contusion. However, despite documentation of subjective findings (left ankle pain), objective findings (limited range of motion and tenderness over the lateral malleolus), imaging findings (x-rays left ankle (9/16/13) report revealed lateral soft tissue swelling and evidence of either some small ligamentous calcifications or small intra-articular loose bodies), and conservative treatment (medications, immobilization, heat/cold application, and physical therapy), there is no documentation of a condition/diagnosis (with supportive subjective/objective and x-ray findings) for which MRI is indicated [Chronic ankle pain with suspected osteochondral injury, tendinopathy, or pain of uncertain etiology, where plain films are normal]. Therefore, based on guidelines and a review of the evidence, the request for MRI of the Left Ankle without contrast between 10/8/2013 and 11/22/2013 is not medically necessary.