MAXIMUS Federal Services

Case Number:	CM13-0044145		
Date Assigned:	06/09/2014	Date of Injury:	02/28/2013
Decision Date:	07/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine and is licensed to practice in North Carolina, Colorodo, California and Kentucky. 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 41-year-old male who sustained an injury to his right ankle on 02/20/13 when he stepped into a pothole and fell to the ground. The injured worker recalled as he was walking in the company garage at his place of work to look for a armored truck he was going to use, he stepped into a pothole that he did not see because it was still dark at the time. He fell to the ground onto his knees and hurt his back and ankles. The injured worker did not receive immediate medical attention, he continued to work and went to the doctor later on that evening. Plain radiographs were obtained and he was issued medication. The injured worker was diagnosed with a sprained ankle. The injured worker's manager told him he could not work the next day because his pain was unbearable. Since the injury, the injured worker stated that his symptoms are worsening.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 the right ankle is not medically necessary and is not supported by Official Disability Guidelines (ODG). The injured worker is over one year post date of injury. There was no indication of a new acute injury or exacerbation of previous symptoms, other than subjective complaints. There were no objective findings on physical examination of decreased motor strength, increase reflex or sensory deficits. There was no mention that a surgical intervention was anticipated. There were no focal neurological deficits. There were no additional significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the right ankle has not been established.