

Case Number:	CM13-0046889		
Date Assigned:	06/11/2014	Date of Injury:	04/07/2013
Decision Date:	07/14/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Preventive 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:

The injured worker is a 43 year old male whose reported injury occurred on April 07, 2013. Mechanism of injury: police officer whose motorcycle struck debris and slid over several lanes. He sustained a nondisplaced right 3rd metatarsal fracture, a right ankle sprain, shoulder pain and several lacerations. The fracture was shown on an MRI of the foot obtained on 5/3/2013. Follow up imaging was not available in the documents available for review. At the last documented visit with treating physician on 9/24/13, the patient complained of persistent pain and swelling in his right ankle. Objective findings noted were limited to tenderness of the right lateral ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375, Chronic Pain Treatment Guidelines.

Decision rationale: According to the California MTUS: Based on the information in the latest available Progress Report-2, it appears that treating physician requested the MRI to identify a

source of ankle pain presenting 6 months after the initial injury to the right foot. The ACOEM Guidelines, Table 14-5 on page 375 note that MRI has ability to identify ligament tears and tendonitis, The Algorithms in that chapter are based on work limitations. These were not noted after 9/26/13 in the Progress Report-2. The complaint of pain, but not documented activity limitation as required by Algorithm 14-5, has persisted. The Chronic Pain section of the MTUS does not address imaging. Therefore, based on the documentation available for review and the applicable guidelines, the request for MRI of the right ankle is not medically necessary.