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| Case Number: | CM13-0058354 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/27/2012 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/26/2013 |

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 28 year-old male with a 2/27/12 industrial injury claim. He has been diagnosed with a left ankle sprain. According to the 10/16/13 report from [REDACTED] at the [REDACTED], the patient presents with left ankle pain, helped with gabapentin, but there are side effects of shaking and gastric upset at night. He also takes Vicodin that helps the achilles and calf pain. On exam, there is temperature change with coolness left foot. Severe decrease in plantar flexion and some decrease dorsiflexion and no eversion or inversion. Plan was for an MRI with STIR technique of the calf and foreleg. Prior MRI from 2012 was reported to show achilles paratendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF THE LEFT LOWER LEG AND ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation ODG, Knee & Leg Chapter, MRI

Decision rationale: The patient presents with left ankle pain and decreased ROM. The patient has an MRI from 2012 that was reported to show Achilles paratendonitis. This review is for an updated MRI with STIR (Short T1 Inversion Recovery). There is no rationale provided. ODG guidelines on repeat MRI's for the knee/lower leg states routine MRI's are not recommended. There does not appear to be any changes in the patient's condition since the prior MRI. The request for a repeat routine MRI is not in accordance ODG guidelines.