

Case Number:	CM13-0060966		
Date Assigned:	12/30/2013	Date of Injury:	09/30/2011
Decision Date:	05/22/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 09/30/2011. The primary treating diagnosis is 719.47, or ankle pain. This patient was initially injured when she fell backwards. Subsequently she developed chronic ankle pain as well as chronic back pain and right wrist pain. The patient was seen on 10/24/2013 for a new patient initial physical rehabilitation consultation. That physician reviewed the patient's initial mechanism of traumatic injury and subsequent treatment which included right wrist surgery on 09/05/2013 and past physical therapy treatment. The patient was noted to have chronic ankle pain and to ambulate independently without an assistive device and with a normal gait. The patient could perform toe walking and heel walking though reported pain on heel walking on the right side. On exam the patient was noted to have swelling over the right lateral malleolus with tenderness over the right foot at the insertion of the right peroneus longus muscle. The consulting physiatrist opined that the patient might have a partial tear of the right peroneus longus, and therefore an MRI (magnetic resonance imaging) of the ankle was requested for further evaluation. An initial physician review noted that the independent specialist's analysis of initial right ankle x-rays were not noted and that failure of treatment and presence of red flag signs were not demonstrated to warrant further diagnostic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT 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): 375.

Decision rationale: A consulting rehabilitation physician in this case notes that this patient has chronic right ankle pain, particularly with heel walking on the right side and with physical examination findings of swelling of the right lateral malleolus as well as tenderness over the right foot at the insertion of the right peroneus longus muscle. That physician reported the differential diagnosis of a possible partial tear of the right peroneus longus. The ACOEM Guidelines discuss indications for MRI (magnetic resonance imaging) imaging, which include identifying the possibility of a ligament tear or a tendinitis. A tear of the peroneus longus muscle or tendon would be included among these differential diagnosis capabilities of an MRI. An initial physician review in this case concludes that the history and physical examination do not show red flag findings for an MRI. The treating physiatrist reviews the patient's history in detail and provides very specific discussion regarding the possibility of a right peroneus longus tear. That initial reviewer notes that the treating physician did not specifically discuss initial ankle x-rays; the history in that initial consultation report is very detailed and does discuss that initial x-rays were reportedly negative. Again, the history and physical examination by the consulting physiatrist is very specific and documents very specific historical and physical examination findings to suggest the possibility of a peroneus longus tear at the insertion over the right foot. The guidelines and records do support the requested MRI of the right ankle. This request is medically necessary.