

Case Number:	CM13-0062967		
Date Assigned:	12/30/2013	Date of Injury:	11/29/2009
Decision Date:	05/22/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

The claimant is a 30-year-old female who sustained an acute left ankle sprain during a November 29, 2009, fall down a flight of stairs. Following a course of conservative care and to address continued symptoms, a left ankle arthroscopy was performed on January 13, 2012. The operative report and surgical findings are not provided for this review. During a November 9, 2013, follow-up visit, [REDACTED] noted episodic instability of the left ankle subjectively. Physical examination showed pain with inversion with no documentation of instability noted. Left ankle radiographs were performed on that date and were noted to be normal. An MRI scan was recommended to "update older studies." Documentation of further treatment, physical examination findings or imaging of the ankle is not noted. This request is for an MRI scan of the left ankle without contrast.

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 Page(s): 374. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004)

Decision rationale: Based on California ACOEM Guidelines, MR imaging of the ankle would not be supported. ACOEM Guidelines recommend MRI scans to help clarify diagnoses such as osteochondritis or desiccans in delayed cases of recovery, as well as for further confirmation of clinical findings from plain film radiographs. While this employee reports subjective complaints of instability, there is no documentation of formal physical examination findings or stress radiographs to support the need for further imaging. The request for an MRI scan in this case would not be supported.