

Case Number:	CM13-0066127		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2012
Decision Date:	05/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/16/2013

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, 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 40 year-old male who was injured on 3/1/12. He has been diagnosed with cervical strain; sprain of wrist; lumbar sprain. According to the 11/14/13 orthopedic report by [REDACTED], the patient has worsening left ankle pain, using a cane, and still has neck, low back pain and the left wrist and hand pain continues and locks up. There was no evaluation of the ankle. The previous report from [REDACTED] is dated 10/3/13, and does not mention any left ankle problems, or exam of the left ankle. The next prior report is dated 8/15/13, and does not mention the left ankle.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Indications for imaging, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The patient presents with neck, back and wrist pain, and on 11/14/13 had left ankle pain. The orthopedic reports provided do not list left ankle exam findings, or a diagnoses of left ankle issues. The left ankle pain did not appear to be present on the June 2013, August 2013 or October 2013 reports. MTUS/ACOEM guidelines, for left ankle special studies and diagnostics states special studies are not needed until after a period of conservative care and observation. There are no reports of physical therapy for the left ankle, and the first mention of the left ankle pain appears to be on 11/14/13. There does not appear to be a period of conservative care or observation for the left ankle. The request for a routine MRI of the left ankle, without physical examination, or a period of conservative care is not medically necessary.