

Case Number:	CM13-0068230		
Date Assigned:	01/08/2014	Date of Injury:	08/08/2013
Decision Date:	05/26/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

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 Sports Medicine and is licensed to practice in Texas. 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 46-year-old male that reported a work-related injury on 08/10/2013. The mechanism of injury was the result of twisting his left ankle while at work. The injured worker was diagnosed with a left ankle sprain. It was noted that his pain was rated 3/10. The physical exam dated 11/14/2013, documented tenderness, but no swelling, with full range of motion and muscle strength 5/5. The patient was prescribed ibuprofen for pain. The physician ordered an MRI for diagnostic review. However, the request for authorization form was not included in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST FOR 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 - TREATMENT FOR WORKERS' COMPENSATION, ONLINE EDITION, CHAPTER: ANKLE AND FOOT, MAGNETIC RESONANCE IMAGING (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: The injured worker was shown to have a left ankle sprain with pain, as well as tenderness on physical exam. The MTUS/ACOEM Guidelines indicate that for most patients presenting with true foot and ankle disorders, special studies are usually not needed until after at least one (1) month of conservative care and observation. Therefore, based on the submitted clinical records, no significant physical examination findings or results of plain radiographs were noted. In addition, there was no documentation showing an adequate course of conservative care, including medication, physical therapy/exercises, and activity modification. Moreover, there were no red flags noted within the history. Therefore, an MRI is not supported by evidence-based guidelines at this time. As such, the request is non-certified.