MAXIMUS Federal Services

Case Number:	CM13-0071548		
Date Assigned:	01/08/2014	Date of Injury:	08/22/2012
Decision Date:	06/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/27/2013

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 Occupatioanl Medicine 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 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. 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:

Medical records from 2013 were reviewed showing that patient had right ankle fracture status-post calcaneal osteotomy with peroneal tendon repair for calcaneal varus alignment on 03/27/2013. He could not walk much on his right ankle, hence, he was overloading on the left foot. Patient initially felt pain at the left ankle when he reached up above his head and pushed the left ankle in significant dorsiflexion. He immediately felt a strain in the frontal and lateral aspects. This resulted to difficulty in stair climbing. Physical examination revealed tenderness over the talar neck, calcaneofibular, around the area of the talocalcaneal joint, and subtalar joint. Subtalar grind was present upon inversion and rotation stressing. He was cavus and varus in the hindfoot. Sensory was intact. X-ray of the left ankle and left calcaneus, dated November 26, 2013, revealed no acute fracture. No treatment has been initiated for the left ankle because of ongoing recovery of the right ankle. Utilization review from December 5, 2013 denied the request for MRI of the left ankle because of the lack of prior course of conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT ANKLE: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ANKLE AND FOOT TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Section, MRI

Decision rationale: Pages 372 to 374 of Ankle and Foot Complaints ACOEM Guidelines state that disorders of soft tissue (such as tendinitis, and metatarsalgia) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, and when plain films are normal. In this case, patient first reported left ankle pain in November 2013. Objective findings revealed tenderness, and subtalar grinding. X-ray revealed no acute fracture. The impression is lateral ligamentous instability versus anterior foot capsular strain versus subtalar strain. MRI may be necessary to delineate between these three conditions. The guideline criteria have been met on the basis that the patient has chronic pain, x-ray was normal, and with unknown etiology of the ankle pain. Therefore, the request for MRI of the left ankle is medically necessary.