

<b>Case Number:</b>	CM14-0001242		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Internal Medicine and Pulmonary Diseases 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 claimant is a 61 year old female with a reported date of injury on 01/01/2011. The claimant was injured when she fell off of a truck twice. The progress note dated 01/06/2014 reported limited active range of motion to the left ankle joint with dorsiflexion 0-5 degrees, plantar flexion 0-20 degrees, inversion within normal limits and eversion 0-5 degrees. There was tenderness over the left lateral malleolus and a positive anterior drawer sign. Motor strength was 5/5 to both lower extremities except left ankle dorsiflexors and plantar flexors which were graded 4/5 with pain. The claimant rated her pain 8-10/10 to the entire left foot which was aggravated by prolonged walking and standing. The claimant was utilizing Tylenol as needed for pain. An x-ray of the left ankle was performed on 06/11/2012, which showed probable old posttraumatic changes involving the medial malleolus with no acute fracture lines. The request for authorization form was not submitted with the medical records. The request is for a MRI of 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 Page(s): 374.

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

**Decision rationale:** MTUS/ACOEM guidelines states disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Within the provided documentation the provider's rationale for the request was unclear. It did not appear the injured worker had significant physical exam findings which demonstrated deficits to the left ankle which would indicate the need for further imaging. Therefore, the request for a MRI of the left ankle is not medically necessary and appropriate.