MAXIMUS Federal Services

Case Number:	CM14-0003670		
Date Assigned:	01/17/2014	Date of Injury:	12/20/2005
Decision Date:	06/10/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/08/2014

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 Physical Medicine & 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 patient is an 87-year-old male with date of injury of 12/20/2005. Per treating physician's report, 11/18/2013, the patient presents with constant low back pain associated with shooting pain down to left leg. He also has left knee pain. He is struggling with long distance walking. The patient has been using new electric wheelchair for ambulatory assistance. The patient also reports left ankle problem, pain and swelling. Listed diagnoses are chronic low back pain, left knee pain, status post arthroscopic surgery, ambulation assisted device dependent including electric wheelchair and front-wheel walker, left ankle. Under treatment plan, request was for lumbar spine, left knee, and left ankle MRI without contrast and needs IV sedation. There are no examination findings on this report for the ankle. Report on 10/21/2013 has the patient's pain level at 8/10 in the low back, left knee, and left leg and also left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ON THE LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 341-342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, MRI.

Decision rationale: The request is for MRI of the left ankle. However, the treating physician does not describe history of ankle problem, onset, duration, mechanism of injury. There are no examinations on any of the progress reports documenting range of motion, instability, ligamental issues, etc. The treating physician simply asked for MRI based on patient's subjective complaints of left ankle but does not provide a specific rationale. There is also no evidence of any conservative treatments that have been provided for the ankle pain. ACOEM Guidelines state that for patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as diffuse or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. It further states that disorders of soft tissue such as tendinitis, metatarsalgia, fasciitis, neuroma yield negative radiographs and do not warrant other studies such as magnetic resonance imaging. MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in case of delayed recovery. For MRI of the ankle, ODG Guidelines states chronic ankle suspected tendinopathy if plain films are normal, pain of uncertain etiology if plain films are normal, or suspected osteochondral injury. However, in this case, the treating physician does not provide any physical examination, there is no discussion of plain films being normal, there is no suspicion of tendinopathy, although there is pain of uncertain etiology. Therefore, the request is not medically indicated.