

Case Number:	CM14-0004579		
Date Assigned:	07/16/2014	Date of Injury:	10/25/2012
Decision Date:	08/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 Occupational 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 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 was injured on 10/25/12. An MRI of the right ankle is under review. She was diagnosed with a right ankle sprain. She initially saw [REDACTED] on 11/13/13. She has been given various medications and compound medications. She initially injured her shoulder and is status post shoulder surgery. She had tenderness of the right ankle at the anterior talofibular ligament and over the medial and lateral malleolus with decreased range of motion. She had decreased motor strength in both lower extremities due to pain and diminished sensation in the L5 and S1 dermatomes. There have been no diagnostic studies for any body parts except the originally injured left shoulder. PT was ordered for all the injured body parts but PT for the right ankle was noncertified. On 12/16/13, the claimant saw [REDACTED], an orthopedic surgeon. She reported injuring her neck, shoulders, elbows, wrists, mid and low back, knees, and ankles while lifting heavy equipment. Relative to her ankles, she reported ongoing pain and muscle spasms. She also had anxiety and stress. Examination of the right ankle revealed 2+ tenderness at the right anterior talofibular ligament and over the medial and lateral malleolus. She had decreased range of motion of the right ankle and positive varus and valgus stress and anterior and posterior drawer. She was diagnosed with bilateral ankle sprains. PT and acupuncture were recommended along with a sleep study. Her ankle remained the same at several visits with [REDACTED] in 2013. She has had extensive visits with various providers. Her left knee was treated in 2010. It is not clear when the ankle became painful. On 12/05/13, PT for the right ankle was not granted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the right ankle. The MTUS state for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. 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. In this case, there is no evidence of a trial and failure of a reasonable course of conservative care targeting the right ankle, including an exercise program, local modalities, and the judicious use of medications. The mechanism of injury is unclear and the claimant's physical findings appear to have been abnormal but stable. There focal deficits for which this type of imaging study appears to be indicated prior to a trial of exercise, whether in PT or independently at home. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request has not been clearly demonstrated. Therefore, the request is not medically necessary.