MAXIMUS Federal Services

| Case Number: | CM14-0004605 | | |
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| Date Assigned: | 07/16/2014 | Date of Injury: | 10/25/2012 |
| Decision Date: | 08/14/2014 | 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 Physical Medicine & Rehabilitation 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 injured worker is a 56-year-old female who reported an injury on 10/25/2012 due to cumulative trauma. On 12/11/2013, the injured worker presented with pain in the neck, shoulder, bilateral shoulders, bilateral wrists, mid back, low back, bilateral knees, and ankle. Upon examination of the bilateral ankles, there was +2 tenderness to palpation over the medial and lateral malleolus and diminished sensation to pinwheel and sharp touch at the L5-S1 dermatomes. The diagnoses were bilateral ankles sprain/strain and internal derangement. Prior treatment included medication, physical therapy, the use of a brace, and a TENS unit. The provider recommended an MRI of the left ankle. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

## 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and ankle, MRI.

**Decision rationale:** California MTUS/ACOEM Guidelines state that if the injured worker does not have red flags for serious conditions, the clinician can determine which common musculoskeletal disorder is present. Official Disability Guidelines further state that an MRI is recommended as indicated for suspected osteochondral injury, tendinopathy, or pain of uncertain etiology. An MRI is especially useful in planning surgical treatment by showing the exact location and extent of a lesion. The included documentation state that the injured worker had bilateral ankle pain with muscle spasms. The bilateral ankle examination revealed +2 tenderness to palpation over the medial and lateral malleolus and diminished sensation to pinwheel and sharp touch at the L5-S1 dermatomes. More information is needed as to extent of the injured worker's left ankle deficits to warrant the use of an MRI. The provider's rationale for an MRI of the left ankle was not provided. Therefore, the request for MRI of the left ankle is not medically necessary and appropriate.