MAXIMUS Federal Services

Case Number:	CM14-0004691		
Date Assigned:	02/05/2014	Date of Injury:	09/12/2013
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
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 and 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:

The patient is a 39 year-old female who was injured on 9/12/13. She has been diagnosed with contusion right ankle; right ankle sprain; and fracture, closed distal fibula on the right. According to the 12/3/13 medical report, the paitent is in for evaluation of the right ankle sprain post crush injury, and continues with pain at the anterior aspect of the tibial talar junction and has difficulty walking. She feels better after 8 sessions of PT, but it is not resolved. The physician wanted a repeat MRI fo the right ankle at a different imaging facility. The prior MRI of the right ankle was on 10/11/13, and the radiologist does not report any technical errors or artifacts intefering with the imaging quality. On 12/27/13 UR denied the repeat MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle And Foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle chapter online, MRI, indications for imaging.

Decision rationale: The patient presents with right ankle pain, improved with 8 sessions of PT. The prior MRI of the right ankle was on 10/11/13, and the radiologist does not report any technical errors or artifacts intefering with the imaging quality. On 12/3/13 there was a request for a repeat MRI at a better imaging facility. MTUS/ACOEM did not discuss repeat MRIs, so ODG guidelines were consulted. ODG states: "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" The patient's symptoms were reported to be improving with PT. There were no symptoms of progressive pathology. The request for the routine repeat MRI is not in accordance with ODG guidelines. The MRI Right Ankle is not medically necessary.