

Case Number:	CM14-0014937		
Date Assigned:	02/28/2014	Date of Injury:	07/01/2013
Decision Date:	06/27/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 28 year-old female who was injured on July 1, 2013. The original injury is described as occurring when the claimant slipped and fell onto a rock striking the knee. The progress note dated December 18, 2013 indicates the claimant status post left knee arthroscopy with chondroplasty of the medial femoral condyle on October 7, 2013. The claimant is documented as having previously attended physical therapy, but continues to rate pain as 8/10 despite these of motion and Norco. The claimant also has complaints of swelling both lower extremities since the previous operative intervention. The physical examination does not indicate what joint is being tested, but there is limited range of motion with pain, and diffuse tenderness. The utilization review in question was rendered on January 15, 2014. The reviewer non-certified the request for a right ankle MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (MAGNETIC RESONANCE IMAGING) RIGHT ANKLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Magnetic Resonance Imaging

Decision rationale: The MTUS and ACOEM do not address the use of MRI for the ankle. The clinical documentation provided does not indicate any complaints of ankle pain or a recent physical examination of the ankle. As such, secondary to the limited documentation provided, the request is considered not medically necessary.