MAXIMUS Federal Services

Case Number:	CM14-0018269		
Date Assigned:	04/21/2014	Date of Injury:	11/23/2008
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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:

This 63 year-old female Correctional Officer sustained an injury on 11/23/08 from a slip and fall while employed by the [redacted]. Request under consideration include MRI of the right ankle. Report of 1/15/14 from the provider noted patient with increased right ankle pain with recent symptoms of locking up with less movement of foot and lower leg associated with some numbness from shin down. Pain medications provide some relief; pain scale rated 7-8/10 down to 4-5/10 with medications. The patient was receiving acupuncture for low back complaints. Exam of right foot showed decreased range in dorsiflexion of 10 degrees with weakness against resistance; decreased plantar flexion to 15 degrees; decreased sensation of whole right foot. Diagnoses included low back pain with radicular symptoms in legs; right shoulder pain; right ankle pain; right knee pain s/p arthroscopic partial medial meniscectomy, chondroplasty with grade defect of patellofemoral joint and chrondroplasty of patella; right big toe pain; bilateral TMJ and dental pain. Treatment plan included MRI of right ankle. Request for MRI of the right ankle was non-certified on 2/7/14 citing guidelines criteria and lack of medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (Web), 2007, Foot And Ankle-Mri.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 14 ANKLE/FOOT COMPLAINTS Page(s): 374-375.

Decision rationale: This 63 year-old female Correctional Officer sustained an injury on 11/23/08 from a slip and fall while employed by the [redacted]. Request under consideration include MRI of the right ankle. Report of 1/15/14 from the provider noted patient with increased right ankle pain with recent symptoms of locking up with less movement of foot and lower leg associated with some numbness from shin down. Pain medications provide some relief; pain scale rated 7-8/10 down to 4-5/10 with medications. The patient was receiving acupuncture for low back complaints. Exam of right foot showed decreased range in dorsiflexion of 10 degrees with weakness against resistance; decreased plantar flexion to 15 degrees; decreased sensation of whole right foot. Diagnoses included low back pain with radicular symptoms in legs; right shoulder pain; right ankle pain; right knee pain s/p arthroscopic partial medial meniscectomy, chondroplasty with grade defect of patellofemoral joint and chrondroplasty of patella; right big toe pain; bilateral TMJ and dental pain. Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not demonstrated here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging with diagnosis of lumbar spine etiology and only limited range, generalized weakness, no instability, and whole foot sensation loss without dermatomal or myotomal pattern presentation on clinical exam. The MRI of the right ankle is not medically necessary and appropriate.