

<b>Case Number:</b>	CM14-0018786		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	09/15/2013
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Anesthesiology and is licensed to practice in Texas and Florida. 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 36 year old female who was injured on 9/15/2013. She is being treated for pain in the following joints; left hip, left hand, knees, shoulders and ankles. She has been off work since 10/11/2013. The subjective complaints included pain with decreased range of motion of left ankle. Examination showed the patient was walking with a limp, no left ankle instability, negative draw sign and tenderness to palpation over medial and lateral malleoli. The patient was using wrist and knee braces. The hand written notes from [REDACTED] was illegible. There are associated diagnoses of low back pain, anxiety and depression. The medications are listed as naproxen and Norco for pain and Flexeril for muscle spasm. The patient completed physical and chiropractic therapy early 2014. A Utilization Review was rendered on 2/3/2014 recommending non certification of left ankle MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI WITHOUT CONTRAST- LEFT 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle And Foot.

**Decision rationale:** The CA MTUS did not address the use of diagnostic radiology in the evaluation of chronic ankle pain. The ODG guideline recommends that an MRI investigation is indicated if osteochondral injury or tendinopathy is suspected in a patient who have chronic pain of uncertain etiology but a normal X-rays report. This patient have pain located in multiple joints of both the upper and lower extremities. There is minimal subjective and objective findings to indicate a possible osteochondral injury or tendinopathy as a course of the chronic left ankle pain. There is no documentation of a normal plain X-ray report of the left ankle. The patient had recently completed physical therapy after the MRI request. A post physical therapy evaluation of the left ankle is not available for this review. The indications for a left ankle MRI without contrast was not met. Request is not medically necessary.