MAXIMUS Federal Services

Case Number:	CM14-0111995		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2013
Decision Date:	10/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/18/2014

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 Occupational Medicine, 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 patient is a 27 y/o male who has developed chronic lumbar and lower extremity problems subsequent to an injury dated 9/26/13. He is reported to have persistent ankle pain and difficulties with the right side having persistent swelling, tenderness and a positive drawer sign. The left side is painful with range of motion. A prior left ankle MRI on 11/11/13 is reported to show tendonitis and an Achilles tear. A right ankle MRI was requested on 1/10/14, but the records do not show if this MRI was ever completed. There is note of a 2/05/14 MRI (foot?) that showed calcaneal spurs. There is no documentation regarding the specific medical justification for repeating the left ankle MRI. The current medical evaluation suggests that the right ankle is much more problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: MTUS Guidelines states that persistent ankle problems can justify MRI scanning, but MTUS does not specifically address the issue of repeat MRI scanning of the Ankle. ODG Guidelines address this issue directly and to not recommend repeat scanning without a significant change in symptoms and/or exam findings. The requesting physician does not provide information regarding the left ankle that is supportive of a significant change in the left ankle. At this point in time the request for a repeat left ankle MRI is not medically necessary.