

Case Number:	CM14-0113271		
Date Assigned:	08/01/2014	Date of Injury:	07/23/2012
Decision Date:	10/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 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 27 year old male who was injured on July 23, 2012 while he was unloading a container when he twisted his ankle. He has been treated conservatively with physical therapy, (amount of sessions). His medication history included Tramadol and Oxycodone. The patient underwent left ankle surgery in past. Diagnostic studies included x-ray of the ankle (date unknown) that revealed mild degenerative joint disease present at the ankle diffusely. Progress report dated August 11, 2014 indicated the patient presented with complaints of a constant burning sensation and describes his pain as severe in nature. The symptoms are increased with prolonged walking and standing. Objective findings during examination revealed tenderness at the ankle with swelling. Range of motion of the left ankle revealed dorsiflexion at 10 degrees; plantar flexion 20 degrees; inversion and eversion are severely limited and painful. His passive range of motion is limited as well due to stiffness. Overall range of motion is limited due to pain and significant stiffness of the ankle. All 5 toes showed limited range of motion and stiffness. There are multiple healed incisions present and additional scar at the medial malleolus going anteriorly to posteriorly. The patient was diagnosed with chronic sprain left ankle/foot. ■■■■■ does not believe patient is a candidate for additional surgery. Prior utilization review dated July 14, 2014 by ■■■■■ indicated the request for MRI left ankle is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines: Ankle & Foot (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, MRI

Decision rationale: Guidelines state that MRI is especially useful in planning surgical treatment. However, the medical records indicate that the patient already had ankle surgery and is not a candidate for further surgery. Repeated Guidelines also state that repeated imaging studies such as MRI are supported if there are acute changes in the physical examination findings significant for deformity, such as laxity, which is not demonstrated in the medical records. The medical necessity of this request is not established.