

Case Number:	CM14-0121366		
Date Assigned:	08/06/2014	Date of Injury:	09/14/2011
Decision Date:	09/15/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/01/2014

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:

The injured worker is a 62-year-old female who reported an injury on 09/2014/2011. The mechanism of injury is not provided. On 03/18/2014, the injured worker presented with left ankle pain. Upon examination of the left ankle, it was swollen, and the injured worker was walking with an antalgic limp on the left side. There was moderate tenderness over the ankle joint and limited range of motion due to pain. An X-ray of the left ankle revealed a significant loss of joint space and ankle joint. The diagnoses were status post open reduction/internal fixation of the left ankle fracture and arthritis of the left ankle. The provider recommended 1 MRI of the left ankle, based on worsening of the condition of the left ankle. The Request for Authorization form as not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The California MTUS/ACOEM Guidelines state cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Clinical documentation noted is for the left ankle, an antalgic gait to the left side and moderate tenderness over the ankle joint with painful range of motion. Proceeding with an ankle MRI does not appear to be indicated at this time. The provided medical records noted ongoing left ankle pain with a diagnosis of ankle arthritis and some joint space narrowing, but there were no other objective findings to support a need to rule out a more serious underlying issue. Therefore, the request is not medically necessary and appropriate.