

Case Number:	CM14-0138041		
Date Assigned:	09/05/2014	Date of Injury:	06/20/2012
Decision Date:	10/07/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 57 year old female who suffered an ankle sprain on 6/20/12. She has been treated conservatively with bracing and non-steroidal anti-inflammatory medication. Management has also included subsequent physical therapy. A magnetic resonance imaging scan of the left ankle was performed in May of 2013 and was normal. The injured worker has also been using a Cam Walker when ambulating but still continues to experience ankle pain. A podiatric orthopedic consultation performed on 8/6/14 showed 5/5 motor strength in the left lower extremity with reduced muscle tone and girth when compared to the contralateral limb. Sensation was normal. Pain was notable with flexion and extension but no crepitus was noted. There was pain with palpation over lateral aspect of the ankle. Assessment included degenerative arthritis. Recommendations included conservative management, including steroid injection, and repeat magnetic resonance imaging scan of the ankle. Documentation from the treating physician dated 4/17/14 indicated that the injured worker had a peroneal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has chronic ankle pain secondary to an injury sustained on 6/20/12 and has failed conservative treatment with bracing, physical therapy and medication. The last magnetic resonance imaging scan of the ankle performed in May of 2013 was normal and showed no findings indicative of ligament or tendon injury as well as osteoarthritis. Even though the injured worker's ankle pain has not resolved there is no documentation indicating a change in her baseline condition. There is also no rationale provided explaining why repeat imaging is indicated. Therefore, the request for a repeat magnetic resonance imaging scan of the left ankle is not medically necessary.