

Case Number:	CM14-0156406		
Date Assigned:	09/25/2014	Date of Injury:	10/02/2006
Decision Date:	12/09/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/24/2014

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 Orthopedic Surgery, 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 46-year-old male sustained an industrial injury on 10/02/06. The mechanism of injury was not documented. The 9/3/14 treating physician report cited MRI findings of a small peroneus brevis tear. There was more pain located in the anterolateral aspect of the ankle where debris and synovitis were noted on MRI review. There was also a talar exostosis that might be causing some of his impaction type symptoms. The treatment plan recommended anti-inflammatory medication and physical therapy. A request for left ankle MRI was reported which had not been done. The treating physician opined it was likely that he had some of the same issues on the left and it should be evaluated more fully. The 9/4/14 left ankle MRI request documented a diagnosis of left ankle osteochondritis dissecans. The 9/19/14 utilization review denied the request for left ankle MRI as there was limited evidence of significant objective or functional deficits noted on physical exam to establish medical necessity. The 10/8/14 treating physician report documented evaluation of the left ankle, but noted more complaints on the right side. Pain was fairly dispersed on the left including the Achilles tendon, sinus tarsi/subtalar joint and peroneal tendons. There was no swelling. The treatment plan included a tapering dose of prednisone instead of an injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Procedure Summary MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: The California MTUS state that for most patients presenting with true foot and ankle disorders, special studies are not needed until after a period of conservative care and observation. Most patients improve quickly, provided red flag issues are ruled out. For patients with continued limitations of activity after 4 weeks of symptoms and unexplained physical findings such as effusion or localized pain, imaging may be indicated to clarify the diagnosis. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant MRI. MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Guideline criteria have been met. There is no current evidence of localized pain or effusion consistent with guideline criteria. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no documentation of a specific functional deficit or evidence of delayed recovery. Therefore, this request is not medically necessary.