

Case Number:	CM14-0157892		
Date Assigned:	10/01/2014	Date of Injury:	03/06/2002
Decision Date:	12/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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 Internal 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:

The injured worker (IW) is a 49-year-old woman with a date of injury of March 6, 2002 when she slipped on a freshly waxed floor. This resulted in the flexion of her knee, and her body tilted on the right side. She recalls her knee hitting the floor, and then she fell back injuring her right knee, right ankle, and low back. On May 18, 2004, the IW slipped and fell on a wet floor and hit her right elbow on the counter and fell on her left side, injuring her left shoulder, left hip, as well as her entire spine. The IW is about 12 years and 6 months from the onset of symptoms. The IW has undergone several treatments including from several different providers. The pain had been constant, sharp and shooting in nature and is aggravated by heat and physical activities including sitting and standing. Pursuant to QME dated July 25, 2014, the provider documents that based on the medical evidence in the records, and prior examinations, surgical treatment to the right ankle and right knee on the basis of industrial injury dated May 18, 2004, and March 6, 2002 is not indicated or appropriate. MRI of the right knee dated October 2003 showed no evidence of ACL tear. The provider noted that in prior medical records dated from 2002 to 2007, there is only occasional mention, specifically of the knee or ankle discomfort. Most of the lower extremity complaints are attributed to radiating lower extremity pain coming from the lower back. There was not any specific treatment directed to the knee or ankle. Physical examination of the right ankle revealed range of motion is decreased. There is dorsiflexion at 15 degrees. No other objective findings were documented. The IW has been diagnosed with lumbar radiculopathy with neurological impairment, cervical radiculitis with neurological impairment, right shoulder impingement, right knee impingement, cervical and lumbar myofascial pain, and right ankle and hip strain. The primary treating physician is requesting an MRI of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Ankle Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right ankle is not medically necessary. Indications for imaging-MRI (magnetic resonance imaging) are enumerated in the Official Disability Guidelines. They include, but are not limited to chronic ankle pain, suspect osteochondral injury, plain films normal; chronic ankle pain, suspected tendinopathy, plain films normal; chronic foot pain, pain and tenderness over navicular tuberosity. See guidelines for additional details. Repeat MRI is not routinely recommended. In this case, the date of injury was March 2, 2002. There were no prior diagnostic studies or MRIs performed over the last 12 years. Injured worker was currently able to heel toe walk with no significant abnormalities in gait. There was some scattered documentation regarding injuries to the right knee and ankle between 2002 and 2007. However, this injury is remote in time (12 years), there are no detailed discussions with prior diagnostic workups over the past 12 years and there is no clinical indication for an MRI at this time. The injured worker's diagnoses in a July 15, 2012 progress note indicate lumbar radiculopathy with neurologic impairment on examination including decreased motor strength of ankle dorsiflexion and limited range of motion of the lumbar spine and decreased sensation; cervical radiculitis with neurologic impairment, no imaging studies to corroborate, currently disputed; right shoulder impingement; right knee impingement; cervical and lumbar myofascial pain; and right ankle and hip strain. The discussion included symptoms in the lower extremity including hip knee and ankle. Physical examination did not show any significant abnormalities referable to the right ankle. Consequently, based on the remoteness of the injury and absent clinical information to support a clinical indication, MRI right ankle is not medically necessary.