

Case Number:	CM14-0164862		
Date Assigned:	10/09/2014	Date of Injury:	10/03/2012
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/07/2014

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, has a subspecialty in Interventional Spine, 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 21 years old female with an injury date on 10/03/2012. Based on the 08/29/2014 progress report provided by [REDACTED], the diagnoses are: 1. Left upper extremity contractures of RF LF and SF; possibly secondary to cervical versus ulnar nerve injury as stated in the EMG findings. 2. Left ankle and foot contractures; possibly related to the MRI finding of infolded ligament seen on MRI. 3. Left wrist/hand and left ankle/foot complex regional pain syndrome. According to this report, the patient complains of left hand/wrist, left ankle, and low back pain. Pain is rated at a 9/10 that is constant, sharp, and dull. Exam of the left ankle indicates "atrophy and evidence of disuse." Edema, visible deformity, pes cavus and intrinsic atrophy are noted. Plantar flexion and extension range of motion was unable to perform due to pain. Anterior drawer sign is positive with severe pain. Decreased sensation to pinprick is noted. X-ray of the left ankle on 08/29/2014 shows "severe osteopenia of the foot." The foot is held in almost 80 degree of plantar flexion. The patient had trigger point, spinal injections, and facet block in the past with no improvement. The patient had EMG/NCV, plain films, and MRI study done; however the reports of the diagnostic studies were not included in the file for review. Dates and regions of the diagnostic studies are unknown. There were no other significant findings noted on this report. The utilization review denied the request on 09/05/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/01/2014 to 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2014 (Ankle)

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

Decision rationale: According to the 08/29/2014 report by [REDACTED] this patient presents with left hand/wrist, left ankle, and low back pain. The treater is requesting MRI without contrast of the left ankle but the treating physician's report and request for authorization containing the request is not included in the file. The utilization review denial letter states "there are no evidence of a significant change in symptoms or exam findings since the 2012 left ankle MRI that is suggestive of new, significant pathology." Regarding repeat MRI, ODG states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Review of the reports from 04/01/2014 to 08/29/2014 shows no discussion as to why the patient needs an updated MRI of the left ankle when there no significant progression of the patient's clinical presentation, no new injury and no red flags. In this case, the request for an updated MRI of ankle is not in accordance with the guidelines. Recommendation is for denial.