

Case Number:	CM14-0168539		
Date Assigned:	10/16/2014	Date of Injury:	10/03/2011
Decision Date:	11/25/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Arkansas and Texas. 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 injured worker is a 32 year-old male with a reported date of injury 10/03/2011. The mechanism of injury was repetitive motion. His diagnoses was not included within the documentation. His past treatment included physical therapy and a lace up brace. His surgical history included a left ankle arthroscopy (with debridement and tenolysis of the peroneus brevis) on 05/19/2014. On 08/05/2014 the injured worker presented with complaints of feeling worse and pain from the fibula to the foot. The physical examination showed ankle pain at the medial malleolus, range of motion was 10/40 degrees and the ankle was stable. On 09/02/2014 the injured worker reported his scar was very sensitive. The provider noted no changes upon physical examination. His current medications were not listed. The treatment plan included pain management and an MRI to rule out Flexor Hallucis Longus tendonitis. The Request for Authorization form was not included with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot (updated 07/29/14); Magnetic resonance imaging (MRI) ; Indications for imaging -- MRI(magnetic resonance imaging)

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

Decision rationale: The request for MRI Left Ankle is not medically necessary. The injured worker complained of pain to the inside of his ankle from the fibula to the foot. The California MTUS/ACOEM guidelines recommend MRIs as a source that may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The documentation submitted did not contain information regarding x-rays of the ankle that were performed. Physical examination from the clinical notes showed improvement. There is a lack of documentation demonstrating the injured worker had significant findings upon physical examination which demonstrated deficit to the ankle. The physician was requesting the MRI to rule out Flexor Hallucis Longus tendonitis; however, there was a lack of documentation indicating the injured worker had swelling, pain, and tenderness posterior to the medial malleolus and reduced range of motion. Based on the lack of documentation, there is no evidence to support an imaging study. As such, the request for MRI Left Ankle is not medically necessary.