

<b>Case Number:</b>	CM14-0176682		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in 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:

The injured worker is a 28 year old male who was injured at work on 04/04/2013 when he fell from height and broke his left ankle. He had left ankle ORIF on 04/23/13, but because he continued to experience pain in his left ankle, he had he had Orthovisc injections x3, 04/16/14. As the pain persisted, he had hardware removal on 07/08/2014. During a follow up with his orthopedist on 08/15/2014 he was found to be doing well, the wound was healed; though he had limited dorsiflexion. An X-ray revealed no pathology. However, a chiropractor report of 09/2014 reported the injured worker complained of left ankle pain with popping, left ankle and foot pain; the physical examination revealed limited movement of the left ankle, tenderness to touch, positive McMurray, and weakness of the lower extremities(the other findings were abbreviated). The chiropractor diagnosed him of pain in joint, ankle and foot; sprain/strains, foot unspecified site; sprain/strain of the knee; and requested MRI of the left knee. He had been diagnosed of left distal tibia/ Fibula ankle fracture; left ankle chondropenia; left ankle osteoarthritis. Treatments have included ORIF left tibia/Fibula fracture 04/23/13; S/P Orthovisc injections x3, 04/16/14; left ankle ORIF hardware removal anterior tibiotalar decompression, 7/8/14. At dispute is the request for MRI of the left ankle.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Ankle & Foot Disorders; section on Diagnostic Investigations

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** The injured worker sustained a work related injury on 04/04/2013. The medical records provided indicate he was diagnosed pain in joint, ankle and foot; sprain/strains, foot unspecified site; sprain/strain of the knee by a chiropractor, who then requested MRI of the left knee; while the previous providers had diagnosed him of left distal tibia/ Fibula ankle fracture; left ankle chondropenia; left ankle osteoarthritis. Treatments have included ORIF left tibia/Fibula fracture 04/23/13; S/P Orthovisc injections x3, 04/16/14; left ankle ORIF hardware removal anterior tibiotalar decompression, 7/8/14. The medical records provided for review do not indicate a medical necessity for MRI left ankle. The MTUS recommends MRI of the ankle only in suspected cases of osteochondritis dissecans in cases of delayed recovery. Therefore, the requested test is not medically necessary and appropriate.