

<b>Case Number:</b>	CM14-0182725		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for ankle pain reportedly associated with an industrial injury of January 17, 2014. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and opioid therapy. In a Utilization Review Report dated October 21, 2014, the claims administrator denied a request for an ankle magnetic resonance imaging (MRI). The claims administrator alluded to the applicant's having had earlier "unofficial" ankle MRI imaging. In an October 9, 2014 progress note, the applicant reported ongoing complaints of ankle pain. The applicant had initially been immobilized with a boot and a brace, it was noted. 8/10 ankle pain was appreciated, exacerbated by standing, walking, and bending. It was stated that the applicant was no longer working. The applicant's medication list included tramadol, Voltaren, Colace, lidocaine, Maxalt, Percocet, and Vicodin, it was stated. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant stood 66 inches tall and weighed 211 pounds. The applicant exhibited tenderness and swelling about the anterolateral ankle with some pain on range of motion testing. Nonoperative treatment, left ankle series, and a left ankle MRI scan were endorsed. An earlier note dated March 6, 2014 was notable for comments that the applicant was given an earlier diagnosis of left fibular fracture. A left ankle series of January 17, 2014 was notable for comments that the applicant had sustained an acute fibular fracture. The applicant was given diagnosis of fibular avulsion fracture on progress notes of May 9, 2014, June 20, 2014, and July 25, 2014. The applicant was placed off of work, on total temporary disability, on each occasion. A left ankle MRI imaging of March 9, 2014 was notable for posterior tibialis tendon synovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat MRI of the left ankle:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation American College of Radiology (ACR), Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging of the Ankle and Hindfoot

**Decision rationale:** As noted in the MTUS-adopted American College of Occupational and Environmental Medicine (ACOEM) Guidelines in Chapter 14, page 374, magnetic resonance imaging (MRI) imaging may be helpful to clarify a diagnosis of delayed recovery such as osteochondritis dissecans. Similarly, the American College of Radiology (ACR) notes that MRI imaging may be helpful to evaluate specific clinical scenarios including prolonged, refractory, and/or unexplained ankle or heel pain. Here, the applicant does, in fact, have prolonged, protracted, and unexpected ankle pain following an earlier acute avulsion fracture of the fibula. It is not clear what the source of the applicant's present complaint is. It is not clear why the applicant's fibular avulsion fracture has not healed as of this point in time. The applicant continues to exhibit issues with pain and swelling about the injured ankle. The applicant is off of work. The applicant is having difficulty with protracted standing and walking chores on or around the 9- to 10-month mark of the date of injury. Obtaining a repeat MRI imaging to establish the presence of some delayed recovery phenomenon such as osteochondritis dissecans is therefore indicated, particularly in light of the fact that the attending provider stated that this is likely a precursor to the applicant's being evaluated by an ankle surgeon. Therefore, the request is medically necessary.