

<b>Case Number:</b>	CM14-0182737		
<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. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; reported diagnosis with an avulsion fracture of the fibula; opioid therapy; initial immobilization of fibular fracture; and extensive periods of time off of work. In a utilization review report dated October 21, 2014, the claims administrator failed to approve a request for an ankle MRI. The claims administrator did allude to the applicant as having had earlier ankle MRI imaging, the results of which were not reported. Earlier x-ray imaging of the foot taken in the emergency department on January 17, 2014, was notable for an acute fibular avulsion fracture. In a progress note dated October 9, 2014, the applicant reported ongoing complaints of ankle pain. The applicant was not working, it was acknowledged, at either of her two jobs. Left ankle pain and soreness were appreciated, particularly with prolonged standing and walking activities, as high as 8/10. The applicant is using tramadol, Voltaren, Colace, lidocaine, Maxalt, Percocet, and Vicodin, it was acknowledged. A mildly antalgic gait was appreciated with tenderness and low back swelling appreciated about the entire lateral ankle. X-rays and MRI imaging of the ankle were sought. It was stated that the applicant might need evaluation by an ankle surgeon. A rather prospective 10-pound lifting limitation was also endorsed, essentially resulting in the applicant's removal from the workplace.

### 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 rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, MRI imaging of the foot and/or ankle may be helpful in establishing a diagnosis of delayed recovery such as osteochondritis dissecans. Here, the applicant does have ongoing complaints of pain and swelling about the ankle, some 10 months removed from the date. The applicant sustained a fibular avulsion fracture. The applicant has failed to return to work. Earlier conservative treatment including time, medications, immobilization, acupuncture, etc., has, in fact, proven unsuccessful. Obtaining MRI imaging to establish the presence or absence of a delayed recovery diagnosis such as osteochondritis dissecans is therefore indicated. Accordingly, the request is medically necessary.