

Case Number:	CM14-0183695		
Date Assigned:	11/10/2014	Date of Injury:	06/30/2014
Decision Date:	12/26/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46 injured worker who sustained a work-related injury on June 30 2014. Subsequently, the patient developed a chronic low back pain, left upper and lower extremity pain. According to a progress report dated on July 22 2014, the patient was complaining of chronic back, left leg, ankle, wrist and right elbow pain. The patient physical examination demonstrated lumbar tenderness with reduced range of motion, tenderness of the left ankle with preservation of range of motion. The patient was diagnosed with sprain of the left ankle with post injury stress reaction. The provider requested authorization 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 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 ODG, Ankle and Foot. MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: According to MTUS guidelines, ankle MRI technique have a high ability to identify neuroma, ligament tear and tendinitis. There is no documentation that the patient was

diagnosed with any of these ankle conditions. Therefore, MRI of the left ankle is not medically necessary.