

Case Number:	CM14-0185634		
Date Assigned:	11/13/2014	Date of Injury:	08/13/2009
Decision Date:	12/30/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 08/13/2009. The date of the utilization review under appeal is 10/04/2014. The mechanism of injury is that the patient was treated initially when a truck ran over his foot. He is status post a right knee arthroscopy with meniscectomy and chondroplasty on 03/01/2012 and has a history of a right ankle crush injury. A CT scan of the right foot of December 2009 showed mild irregularity of the second tarsometatarsal joint with a possible remote healed fracture. On 08/06/2014, a primary treating physician followup note indicates the patient was seen with pain in his right knee, ankle, and hip. The patient states he was slightly improving. The treatment request was made for an MRI of the right knee and right ankle to establish the presence of any further pathology or to rule out internal derangement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lower Extremity w/o Dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging (MRI)

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

Decision rationale: The ACOEM Guidelines, chapter 14/ankle, page 375, discuss the ability of various techniques to identify and define ankle and foot pathology. MRI imaging as well as other diagnostic techniques are indicated for very specific diagnoses. The treatment guidelines overall would support MRI imaging or other special techniques in order to evaluate a specific differential diagnosis. At this time the medical records do not clearly document a specific differential diagnosis. A rationale or indication to support an indication for an MRI of the ankle is not apparent. This request is not medically necessary.