

Case Number:	CM14-0029711		
Date Assigned:	06/16/2014	Date of Injury:	09/26/2013
Decision Date:	07/21/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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 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 chronic ankle pain reportedly associated with an industrial injury of September 26, 2013. The applicant has been treated with the following: Analgesic medications, adjuvant medications; topical compounds; oral suspension; transfer of care to and from various providers in various specialties; and earlier plain film x-rays of the ankle of September 26, 2013, notable for a non-displaced medial malleolar fracture. In a Utilization Review Report dated February 12, 2014, the claims administrator denied a request for ankle magnetic resonance imaging (MRI) imaging. The applicant's attorney subsequently appealed. In a May 30, 2014 progress note, the applicant was described as having been on disability since the date of injury. The applicant apparently had persistent ankle pain complaints, 5-6/10, superimposed on bilateral knee and low back pain issues. Tenderness was appreciated of both the medial and lateral malleoli with 2+ edema appreciated about the foot and ankle, it was stated. Various oral and topical medications were reviewed. MRI imaging of the lumbar spine, knees, and ankle were sought. In an earlier progress note of January 20, 2014, the applicant was again placed off of work, on total temporary disability. Various oral medications and topical compounds were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT ANKLE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule (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 diagnoses such as osteochondritis desiccans in cases of delayed recovery. In this case, the applicant did sustain a medial malleolar fracture in mid to late 2013. The applicant has, however, experienced issues with delayed recovery. The applicant is off of work, on total temporary disability. The applicant has residual complaints of pain and swelling about the ankle in question. MRI imaging to identify the source of the applicant's delayed recovery is indicated. Therefore, the request is medically necessary.