

Case Number:	CM14-0030625		
Date Assigned:	06/20/2014	Date of Injury:	11/08/2012
Decision Date:	08/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 and 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 injured worker is a 28-year-old male who reported injury on 11/08/2012. The mechanism of injury is unknown. The injured worker complained of right ankle pain. He described the pain to be hot to touch. The injured worker stated that the pain was aggravated by activities of daily living. There was no measurable pain level documented in the submitted report. The physical examination dated 04/15/2014 revealed that the injured worker's right ankle had pain to palpation in the anterior aspects of the ankle. There was no range of motion or motor strength evidence submitted in the reports that were dated 04/15/2014, 03/17/2014, or 02/17/2014. An MRI obtained on 04/12/2013 demonstrated an osteochondral fracture of the medial talar dome. It was treated with a cortisone injection without much pain relief. The injured worker has a diagnosis of talar dome defect. Past medical treatment includes 4 way exercise for the right ankle, skilled physical therapy, interferential electrical stimulation, ultrasound, ice packs, joint mobilization, manual stretching, massage, myofascial release, and medication therapy. Medication includes Norco; no duration, frequency, or dosage was noted in the submitted report. The current treatment plan is to await authorization for MRI of the right ankle to go ahead and proceed with surgical intervention. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Image (MRI), Right Ankle.: Upheld

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): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Magnetic resonance imaging (MRI).

Decision rationale: The California MTUS/ACOEM Guidelines recommend the use of MRI when there is unequivocal objective findings that identify specific disorders when soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. Official Disability Guidelines state that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Given the above, the injured worker is not within CA MTUS/ACOEM or within ODG Guidelines. The submitted progress notes dated 02/17/2014 through 04/15/2014 lacked any quantified evidence of neurological dysfunctions, range of motion, or motor strength deficits the injured worker might have. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. There was no documentation that the injured worker had an altered sensory loss to light touch or pinprick. Furthermore, there were no suggestive findings of significant pathology, to include tumor or infection. An MRI obtained on 04/12/2013 revealed an osteochondral fracture of the medial talar dome. As such, there is no medical necessity for a repeat MRI. Given the above, the request for magnetic resonance imaging (MRI) of the right ankle is not medically necessary.