

Case Number:	CM14-0038264		
Date Assigned:	06/25/2014	Date of Injury:	08/16/2012
Decision Date:	08/07/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 licensed in Podiatric Surgery and is licensed to practice in New York. 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:

According to the enclosed information, this patient injured his right lower leg and ankle on 8/16/2012 after falling from a step ladder. Patient fractured the tibia and fibula and underwent surgical correction. Patient underwent internal and external fixation of the fractures with subsequent application of skin grafts and wound VAC. X-rays of the right leg and ankle dated 10/10/2013 reveal stable positioning of distal right tibia and fibular fractures. Ossific periosteal reaction and callous was noted along the dorsal aspect of the fibular site. No change in tibia was noted and metaphysis in good alignment. Patient visited his physician with continued complaints of constant right ankle pain and limited range of motion on 2/11/2014. Physical exam reveals significant loss of range of motion to the right ankle with tenderness along the peroneal sheath and retro calcaneal area. The physician has requested an MRI evaluation of these structures.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right ankle and foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition - Chapter: Ankle and foot.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: After careful review of the enclosed information, the progress notes, and the MTUS guidelines for MRI evaluation of a foot and ankle, it is my opinion that the requested MRI is not medically reasonable or necessary for this patient at this time. The MTUS guidelines state that for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Disorders of 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. There is no documentation stating that this patient has any of the above, therefore the request is not medically necessary.