MAXIMUS Federal Services

Case Number:	CM14-0040298		
Date Assigned:	06/30/2014	Date of Injury:	05/02/2013
Decision Date:	09/12/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family 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:

This is a 22 year old female who reported an industrial injury to the ankles and back on 5/2/2013, 16 months ago, attributed to the performance of her customary job tasks reported as a slip and fall. The patient received chiropractic treatment from 12/17/2013 through 2/25/2014 for the complained of wrist, back, bilateral knee, and bilateral ankle pain. The patient complains of intermittent ankle stiffness, weakness, and pain with standing and walking. The patient also reports that she has knee, back, and wrist pain. The objective findings on examination included medial-anterior-lateral ankle tenderness; positive inversion test; full but painful left ankle and hind foot range of motion; decreased painful right ankle and hind foot range of motion. The diagnosis was left ankle deltoid sprain/strain and possible internal derangement and right ankle sprain/strain with possible internal derangement. The patient was ordered MRIs of the bilateral ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, Bilateral Ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute On line Official Disability Guidelines-Treatment in Workers' Comp. Integrated Treatment/Disability Duration Guidelines. Ankle & Foot (acute and chronic) MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot Ankle Chapter---MRI.

Decision rationale: The requested MRI of the bilateral ankles 16 months after the DOI is not demonstrated to be medically necessary for the treatment plan for this patient. The requesting physician did not provide any significant objective findings to support the medical necessity of the requested MRI of the bilateral ankles based on the objective findings documented on the provided medical records. There are no objective findings on examination to support medical necessity of a MRI of the bilateral ankles as a screening test. There was no provided rationale to support medical necessity other than to rule out a soft tissue injury or internal derangement. There were no x-rays provided to support medical necessity prior to the ordering of the MRI of the bilateral ankles. The MRI was ordered as a screening test. There are no documented objective findings consistent with the criteria recommended for the authorization of MRI studies to the ankle/foot. The documented diagnosis does not support the medical necessity for the requested MRI. The CA MTUS and the ACOEM Guidelines only support the use of a MRI of an ankle for chronic pain issues or delayed recovery. The medical necessity of a MRI would require a specific diagnosis and suspected finding noted with objective findings on examination that would require further specificity and investigation. The treating physician has ordered the MRI of the ankle as a screening examination to "rule out" soft tissue pathology. The MRIs were ordered by a non-surgeon with no contemplation of surgical intervention.The CA MTUS and the Official Disability Guidelines recommend that the patient have chronic ankle pain that fails to improve with the appropriate treatment prior to ordering a MRI of the ankle. The ODG does not recommend the use of the MRI as a screening tool. The documented objective findings on examination and the diagnoses are not consistent with internal derangement. The appropriate treatment including corticosteroid injections and x-rays has not been documented.