

Case Number:	CM14-0040939		
Date Assigned:	06/27/2014	Date of Injury:	12/11/2010
Decision Date:	08/18/2014	UR Denial Date:	03/28/2014
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 Orthopedic Surgery 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 45 year old female who sustained an injury to her right ankle on 12/11/10 due to cumulative trauma. The progress report dated 12/18/13 reported that the injured worker complained of frequent right ankle pain at 3/10 visual analogue scale (VAS). There was no physical examination of the right ankle on this date. The next clinical note dated 02/21/14 reported that the injured worker underwent a drug screen on 02/06/14 that detected no medications not reported as prescribed. The most recent clinical note dated 04/11/14 reported that the injured worker complained of occasional right ankle pain at 3/10 visual analogue scale (VAS). There was no physical examination of the right ankle provided on this date. The injured worker was diagnosed with right foot/ankle pain, right ankle Achilles tendonitis, and right ankle/foot tendon tear

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective MRI of the Right ankle without contrast DOS:1/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, chapter: Ankle & Foot.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot chapter, Magnetic resonance imaging (MRI).

Decision rationale: The retrospective request for an MRI of the right ankle without contrast between 01/23/14 and 01/23/14 is not medically necessary. The previous request was denied on the basis that following a telephonic consultation with the requesting provider, it was learned that no plain radiographs were documented in the records prior to the MRI dated 01/25/14. On 01/09/14, the injured worker had an examination which found decreased range of motion with no ligament instability. In this case, the provider did not have evidence of negative radiographs to support medical necessity of the current retrospective request. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention had been performed or was anticipated. There was no indication of decreased motor strength, increased reflex or sensory deficits. There were no additional significant 'red flags' identified. Given this, the retrospective request for an MRI of the right ankle without contrast DOS: 01/23/14 is not indicated as medically necessary.