

<b>Case Number:</b>	CM14-0041749		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 patient is a 20 year old female with reported industrial injury from 6/25/13. Examination on 12/20/13 demonstrates ongoing right ankle pain after inversion injury. A report demonstrates physical therapy and mobilization for ankle pain. The claimant demonstrates persistent symptoms of instability of the right ankle. Exam demonstrates balanced gait. Report is given of significant laxity. Tenderness is noted over the ATFL and CFL. Radiographs of the right ankle on 12/20/13 are normal. MRI of the right ankle is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE RIGHT ANKLE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Imaging.

**Decision rationale:** Per the CA MTUS/ACOEM, Chapter 14, magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dessicans in cases of delayed recovery. According to the ODG, criteria include workup with foot pain when plain films are negative.

Based upon the clinical information submitted and the guidelines cited above, the request is not medically indicated. An MRI of the ankle from 8/5/13 is negative for appreciable pathology. There is insufficient evidence in the records to warrant repeat MRI of the right ankle.