

Case Number:	CM14-0045742		
Date Assigned:	07/02/2014	Date of Injury:	02/17/2014
Decision Date:	08/26/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational 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 31-year-old male with a date of injury of 2/17/14. The mechanism of injury was a slip and fall on wet floor. The patient had ankle sprain and contusion of the knee. On 3/26/14 the progress notes reflect that the patient presented with right knee pain that is exacerbated by bending and climbing stairs; no numbness or tingling is reported. Patient complains of locking and clicking of the knee. Left ankle pain is reported without numbness, but he complained of weakness. Objective exam: Left ankle muscle strength was 5/5 and left patellar and Achilles tendon reflexes were 2/4. Full ROM but point tenderness was noted. Sensation was intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. Right rib and knee x-rays were normal; the left ankle x-ray was normal. The plan of care has been ketorolac injection, lumbar support orthotics, acupuncture, physical therapy and medication management. Diagnostic impression: Left ankle sprain, chest wall contusion, right knee/left ankle contusion, right rib fracture. A UR decision dated 4/3/14 denied the request of a MRI without contrast to the left ankle due to lack of sufficient evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, MRI section.

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) FOOT AND ANKLE CHAPTER: IMAGING.

Decision rationale: CA MTUS states that 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. In addition, ODG states that ankle MRI is indicated with chronic ankle pain, pain of uncertain etiology, and plain films normal. The latest progress report discusses improvement in symptoms. The evaluation on 3/26/14 was only six weeks from injury and there had been insufficient time to allow for further progress with more conservative treatment measures. Moreover, the request also does not state the type of MRI requested. Therefore, the request for a decision for MRI was not medically necessary.