

Case Number:	CM14-0047804		
Date Assigned:	07/02/2014	Date of Injury:	08/19/2001
Decision Date:	08/12/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 19, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for MRI imaging of the left ankle based, in large part, on non-MTUS ODG Guidelines. The claims administrator states that the applicant should complete previously recommended physical therapy before considering MRI imaging. The claims administrator also incidentally cited MTUS Guidelines in its decision. The applicant's attorney subsequently appealed. On September 6, 2013, the applicant presented with a variety of pain complaints, including knee pain, low back pain, and knee chondromalacia. Sacroiliac joint injection therapy was endorsed. On October 8, 2013, the applicant again presented with low back and bilateral knee pain. The applicant reportedly carried a diagnosis of chondromalacia of the knees following earlier knee arthroscopies. Synvisc injections, Naprosyn, and Flector were endorsed. The applicant was given permanent work restrictions. It does not appear that the applicant is working with said permanent limitation in place. On February 18, 2014, the applicant presented with complaints of low back pain, bilateral knee pain, and left ankle pain. The only incidental mention was made of the ankle issues, which apparently had not yet been accepted as compatible, it was suggested. Synvisc and corticosteroid injections were performed in the clinic setting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation (ODG-TWC), Ankle & Foot Procedure Summary last updated 02/20/2014.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 14, page 374, acknowledges that MRI imaging may "be helpful" to clarify a diagnosis of delayed recovery such as osteochondritis dissecans of the ankle or foot, in this case, however, it was not clearly stated what was suspected. The bulk of the applicant's complaints were seemingly localized to the lumbar spine and/or bilateral knees. Comparatively, little or no mention was made of issues related to the left ankle. No clear operating diagnosis or differential diagnoses was furnished. It was not clearly stated how MRI imaging of ankle would alter the treatment plan here. Therefore, the request is not medically necessary.