

Case Number:	CM14-0050410		
Date Assigned:	06/25/2014	Date of Injury:	10/14/2013
Decision Date:	07/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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:

The claimant was injured while in a team race when she landed wrong and twisted her left ankle and hurt her right knee. She had an initial orthopedic consultation on 12/06/13. She had not yet started physical therapy and was using a brace. Her pain was achy, throbbing, and shooting. She was hesitant to move it and could not squat or walk long distances. An examination revealed pain and hesitation with range of motion. Anterior drawer was negative. She had intact dorsiflexion, plantar flexion, inversion and aversion. If she did not improve with therapy, an MRI would be ordered. On 01/15/14, she reported that the ankle was stiff but she didn't have to wear the ankle brace all the time. She was on light duty for 1 month. Physical therapy had been approved. On 02/21/14, the patient reported getting better with physical therapy. Her knee pain had resolved but her left ankle was still stiff and painful at times. She reported 60% improvement. Her ankle felt a little less stable than usual. There was minimal swelling and full range of motion without pain. There was tenderness to palpation of the anterior, medial, and lateral ankle and the proximal Achilles tendon. There was minimal swelling of the left foot dorsally. She completed about 3 weeks of physical therapy but the number of sessions was not documented. She was described as improving. She was told by the PT to wear the ankle brace daily. X-rays were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1043. Decision based on Non-MTUS Citation ODG Ankle & Foot, Magnetic Resonance Imaging.

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

Decision rationale: The history and documentation do not objectively support the request for an MRI of the left ankle at this time. The California MTUS state "for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There are no new or progressive focal deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The provider had indicated that an MRI would be ordered if she did not respond to conservative treatment. The claimant began to improve with an active rehab program. The medical necessity of this request has not been clearly demonstrated.