MAXIMUS Federal Services

Case Number:	CM14-0055359		
Date Assigned:	07/07/2014	Date of Injury:	06/20/2013
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 61 year old male with a date of injury on 6/20/2013. The patient's diagnosis is of chronic ankle sprain. Subjective complaints are of continued right ankle pain that is worse with walking and bearing weight. Physical exam reveals painful ankle joint range of motion, tenderness in the anterior talofibular ligament (ATFL) and peroneal tendons as was well as the deltoid ligament. Anterior drawer was positive for pain and negative for anterior displacement. Prior MRI form 7/27/2013 showed severe ankle sprain, posterior tibia tenosynovitis, minor peroneus longus tendinopathy, and ATFL injury acute of chronic. Prior treatment has included ankle brace and physical therapy.

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 Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, Second Edition (2004). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Ankle & Foot, Magnetic Resonance Imaging (MRI).

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/ANKLE, MRI.

Decision rationale: CA MTUS states that special imaging studies are not recommended except when red flag symptoms are noted that raises suspicion of significant pathology. The ODG states that repeat MRIs are not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of concerning pathology. For this patient, records do not indicate a significant change in the patient's condition and did not identify any concerning red flag symptoms. Therefore, the medical necessity for an ankle MRI is not established.