

Case Number:	CM14-0057621		
Date Assigned:	07/09/2014	Date of Injury:	01/27/2013
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 33 year-old male who was reportedly injured on 1/27/2013. The mechanism of injury is noted as a fall. The most recent progress note dated 3/5/2014, indicates that there are ongoing complaints of bilateral ankle pain. The physical examination demonstrated right ankle: range of motion is limited, sensation is diminished about foot, right ankle painful swollen. Left ankle swollen and painful. Range of motion is limited. Diminished sensation about foot. Diagnostic imaging studies include x-rays of the lumbar spine hip and pelvis bilateral knees, bilateral ankles all performed on 1/7/2014. X-rays of bilateral ankle reveals Oldfield fracture left distal fibula. Mild joint space narrowing left ankle. Bilateral feet-normal study. Previous treatment includes medication and conservative treatment. A request had been made for magnetic resonance image of the left foot, magnetic resonance image the left ankle and was not certified in the pre-authorization process on 3/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic resonance images) Left foot: Upheld

Claims Administrator 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 (<http://www.odg-twc.com/odgtwc/ankle.htm>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle (Acute and Chronic) MRI.

Decision rationale: Official Disability Guidelines recommend magnetic resonance image as a more definitive study for visualization a soft tissue structures, including ligaments, tendons, joint capsule, and cartilage structures. Indications for magnetic resonance image use include suspected osteochondral injury, tendinopathy, pain of uncertain etiology, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, athlete with pain and tenderness over the navicular, burning pain paresthesia along the plantar surface the foot/toes, pain in the 3-4 webspace with radiation to the toes, and the young athlete presented with localized pain. After reviewing the medical documentation provided there was limited objective clinical finding on physical exam. It is noted the patient does have foot and ankle pain; however the physical exam findings do not meet the criteria for recommendation of this diagnostic study. Therefore this request is deemed not medically necessary.

MRI (Magnetic resonance images): Upheld

Claims Administrator 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 (<http://www.odg-twc.com /odgtwc/ankle.htm>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle (Acute and Chronic) MRI. Updated 7/29/214.

Decision rationale: Official Disability Guidelines recommend magnetic resonance image as a more definitive study for visualization a soft tissue structures, including ligaments, tendons, joint capsule and cartilage structures. Indications for magnetic resonance image use include suspected osteochondral injury, tendinopathy, pain of uncertain etiology, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, athlete with pain and tenderness over the navicular, burning pain paresthesia along the plantar surface the foot/toes, pain in the 3-4 webspace with radiation to the toes, and the young athlete presented with localized pain. After reviewing the medical documentation provided there was limited objective clinical finding on physical exam. It is noted the patient does have foot and ankle pain; however the physical exam findings do not meet the criteria for recommendation of this diagnostic study. Therefore this request is deemed not medically necessary.