

Case Number:	CM14-0068777		
Date Assigned:	07/14/2014	Date of Injury:	06/25/2013
Decision Date:	10/06/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

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 Texas. 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 30 year old female who reported an injury on 6/25/13 to her right ankle. The clinical note dated 04/07/14 indicates the injured worker having complaints of discomfort at the right lower extremity. Pain was also identified at the right ankle. The clinical note dated 02/05/14 indicates the injured worker continuing with complaints of right ankle pain. There is an indication the injured worker had undergone physical therapy which did provide some mild improvements. Pain was elicited with squatting and bending. The psychological evaluation dated 11/01/13 indicates the injured worker stated the initial injury occurred when she was carrying a stack of plastic containers when she tripped resulting in a twisted right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): Page 1043. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Ankle & Foot Magnetic Resonance Imaging (MRI), Indications for imaging - MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: The documentation indicates the injured worker complaining of right ankle pain and discomfort. An MRI of the ankle is indicated for findings consistent with osteochondritis desiccans when the injured worker has a delayed or difficult recovery. No information was submitted regarding the injured worker's findings consistent with osteochondritis desiccans. No radiograph studies of the right ankle were submitted for review. Therefore, this request is not indicated as medically necessary.