

Case Number:	CM14-0074316		
Date Assigned:	07/16/2014	Date of Injury:	05/07/2010
Decision Date:	09/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/22/2014

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 Orthopedic Surgery 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 injured worker is a 54-year-old female who experienced an acute onset of right foot and ankle burning pain on 05/07/10 while moving a rack of objects. The medical records for review document that the claimant was initially diagnosed with a third metatarsal occult fracture and a right ankle sprain. The report of an MRI of the right ankle in January, 2013, identified indication of a chronic sprain of the calcaneofibular ligament and tenosynovitis of the peroneal tendons. The claimant is status post ankle arthroscopy, peroneal tenosynovectomy and peroneal tendon repair with reconstructive procedure to the lateral ligamentous complex on 01/22/13. The medical records did not identify any recent physical examination findings. The medical records do identify the claimant has other multiple underlying injuries including the low back, bilateral knees and wrists. This review is for a repeat MRI scan of the claimant's right foot and ankle due to chronic ongoing complaints of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint of right lower extremity without dye.: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: Based on California ACOEM Guidelines, the request for an MRI scan of the right lower extremity would not be indicated. The medical records do not contain any documentation of any foot or ankle objective findings on examination that would support the need for repeat imaging. Without documentation of objective physical examination findings of the foot or ankle showing evidence of mechanical findings, tendon or ligamentous pathology, the acute need of repeat ankle MRI in this individual would not be supported. Therefore, the request is not medically necessary.