

Case Number:	CM14-0075496		
Date Assigned:	07/16/2014	Date of Injury:	06/05/2013
Decision Date:	09/08/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopaedic 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:

This 50-year-old female sustained an industrial injury on 6/05/13. Injury occurred when she twisted her right leg while walking at work, and she inverted her ankle and then developed pain. The 4/9/14 treating physician report cited left ankle pain with prolonged standing and walking, as well as giving out, then she complained of medial ankle distal tibia pain radiating into the heel. The left ankle exam documented normal range of motion, mild discomfort with resisted inversion; there were no significant weakness, negative anterior drawer sign, mild tenderness along the deltoid complex, and normal subtalar inversion with heel rise. The patient was able to walk on her heels and toes. The right ankle x-rays demonstrated no acute fracture, dislocation, subluxation or arthrosis and the diagnosis was right ankle sprain/strain. The treatment plan recommended continued physical therapy and home exercise. The patient was to use her ankle brace at work. If pain persisted, an MRI was recommended to evaluate for occult lesions such as osteochondral defect or ligamentous tear. The 5/8/14 utilization review denied the request for right ankle MRI as there were no subjective complaints or exam findings documented relative to the right ankle in the requesting report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Ankle and Foot.

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

Decision rationale: The California MTUS states that for most patients presenting with true foot and ankle disorders, special studies are not needed until after a period of conservative care and observation. For patients with continued limitations of activity, after 4 weeks of symptoms and unexplained physical findings such as, effusion or localized pain, imaging may be indicated to clarify the diagnosis. MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The Guideline criteria has not been met. The current requesting report is inconsistent relative to left and right ankle findings and diagnosis. The treatment plan recommended is, continued conservative treatment and possible future imaging if pain persisted to assess for occult lesions. There is no current documentation that conservative treatment failed to improve symptoms to warrant imaging at this time. Therefore, this request is not medically necessary.