

Case Number:	CM14-0078398		
Date Assigned:	07/18/2014	Date of Injury:	10/09/2012
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 records presented for review indicate that this 60-year-old female was reportedly injured on October 9, 2012. The mechanism of injury is listed as pushing a mop bucket. The most recent progress note, dated February 18, 2014, indicates that there are ongoing complaints of right ankle pain. The physical examination demonstrated a normal gait with occasional favoring of the right lower extremity. Examination the right ankle revealed mild tenderness at the anterior, medial, and lateral aspects. There was full right ankle range of motion and no instability was noted. An x-ray of the right ankle revealed osteopenia at a large planter calcaneal spur. Previous treatment includes physical therapy, acupuncture, and oral medications. A request had been made for an MRI of the ankle, an MRI of the right knee, and an MRI of the left knee and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Magnetic Resonance Imaging (MRI) of the ankle for DOS

4/11/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot, Magnetic Resonance Imaging, Updated July 29, 2014.

Decision rationale: The Expert Reviewer's decision rationale: According to the Official Disability Guidelines, the indications for an MRI of the ankle include chronic pain of uncertain etiology when plain films are normal. The injured employee has had continued right ankle pain despite only findings of osteopenia plantar spur on plain films of the ankle. Considering this, the request for an MRI of the ankle is medically necessary.

Retrospective request for Magnetic Resonance Imaging (MRI) of the right knee, three (3) views for DOS 4/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Magnetic Resonance Imaging, Updated August 25, 2014.

Decision rationale: The Expert Reviewer's decision rationale: A review of the recent medical records indicates that the injured employee does not have any complaints of right or left knee pain. Considering this, it is unclear why an MRI the right and left knee is requested. Without additional justification, this request for an MRI the right and left knee is not medically necessary.

Retrospective request for Magnetic Resonance of the left knee, three (3) views for DOS 4/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 347. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Magnetic Resonance Imaging, Updated August 25, 2014.

Decision rationale: The Expert Reviewer's decision rationale: A review of the recent medical records indicates that the injured employee does not have any complaints of right or left knee pain. Considering this, it is unclear why an MRI the right and left knee is requested. Without additional justification, this request for an MRI the right and left knee is not medically necessary.