

Case Number:	CM14-0096446		
Date Assigned:	07/28/2014	Date of Injury:	01/11/2012
Decision Date:	10/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Pain Medicine 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 52-year-old female who reported an injury on 01/11/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of sprain/strain of the left wrist, decreased range of motion of the left thumb, musculoligamentous strain of the lumbar spine, compression, contusion injury to the left knee, and compression contusion injury of the left ankle. Physical medical treatment consists of physical therapy, H wave unit and medication therapy. The injured worker has undergone MRIs of the cervical spine and neuro diagnostic studies of the cervical spine. On 04/03/2014, the injured worker complained of low back and neck pain. Physical examination revealed that there was tenderness on palpation of the neck and lower back. Range of motion was decreased. The treatment plan was for the injured worker to undergo an MR arthrogram of the left ankle. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram Left Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, MR Arthrogram

Decision rationale: The request for an MRI Arthrogram Left Ankle is not medically necessary. Official Disability Guidelines do recommend MR arthrogram if radiographs are normal, but suspected osteochondral injury or ankle instability is present. For evaluating ankle disability, using plain MRI alone is not adequate for correctly detecting lateral collateral ligamentous injury of the ankle. MR arthrography improves the sensitivity and the accuracy for anterior talofibular and calcaneofibular ligament injuries. It also helps in assessing coexisting pathologic lesions of ankle joints, especially impingement syndromes and osteochondral lesions, and provides more information for therapeutic decision making. MR arthrography is more accurate in diagnosing chronic anterior talofibular and calcaneofibular ligament tears than MRI and stress radiography. MR arthrography has also been found to be an accurate method for assessing both anterolateral and anteromedial impingement with the advantage of joint capsule distension by intra-articular contrast injection. Arthrography and tenography are less accurate than MRI and CT, especially when performed 48 hours after lateral ligamentous injury. Given the above, the injured worker is not within the Official Disability Guidelines criteria recommendations. The submitted report lacked pertinent information regarding the injured worker's left ankle. The submitted documentation stated 04/03/2014 did not indicate that the injured worker had any pain to the left ankle. It was only noted that the injured worker had pain in the low back and neck. Furthermore, MR arthrogram is only recommended if suspected osteochondral injury or ankle instability is present. The documented physical examination lacked any pertinent information regarding range of motion, sensory deficits, and/or muscle strength the injured worker had on the left ankle. As such, the request for an MRI Arthrogram Left Ankle is not medically necessary.