

Case Number:	CM14-0182191		
Date Assigned:	11/07/2014	Date of Injury:	08/29/2014
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 48-year-old female with an 8/29/14 date of injury. At the time (10/14/14) of request for authorization for MRI of the left foot/ankle with contrast, there is documentation of subjective (foot and ankle pain) and objective (tenderness over the subtalar and ankle joints, pain with range of motion, no crepitus, no subluxation, normal muscle tone, mild edema, and no pain against resistance) findings, current diagnoses (left foot and ankle pain secondary to an alleged sprain), and treatment to date (medications). There is no documentation of a diagnosis of osteochondritis dissecans; normal plain films; and failure to respond to conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot/ankle with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (updated 07/29/14)

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 Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM identifies documentation of a diagnosis of osteochondritis dissecans in cases of delayed recovery, as criteria necessary to support the medical necessity of MRI of the ankle/foot. ODG identifies documentation of normal plain films and failure to respond to conservative treatment], as additional criteria necessary to support the medical necessity of MRI of the ankle/foot. Within the medical information available for review, there is documentation of diagnosis of left foot and ankle pain secondary to an alleged sprain. However, there is no documentation of a diagnosis of osteochondritis dissecans. In addition, there is no documentation of normal plain films. Furthermore, given documentation of an 8/29/14 date of injury, there is no documentation of failure to respond to conservative treatment. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left foot/ankle with contrast is not medically necessary.