MAXIMUS Federal Services

Case Number:	CM14-0186973		
Date Assigned:	11/17/2014	Date of Injury:	08/22/2014
Decision Date:	01/05/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 35 year old male who was injured on 8/22/2014 after falling forward landing on his left shoulder. Initial x-rays were negative for fracture. He was diagnosed with injury to the shoulder/upper arm, right ankle sprain with internal derangement, and possible brachial plexus injury. He was treated with medications (opioids) and an ankle boot for his right ankle. On 9/25/14, the worker was seen by his primary treating physician complaining of left shoulder pain rated 7-9/10 on the pain scale without medications and right ankle pain rated 6-8/10 on the pain scale without medications, but uses hydrocodone and oxycodone for pain relief. He also reported constant pain and numbness in his left arm with associated left arm weakness. He also reported sleep disturbance due to pain. Physical examination of his ankles revealed decreased range of motion of the right ankle more than left ankle. He was then recommended hydrocodone and naproxen, go to physical therapy, continue wearing his right ankle boot, have an MRI of the left shoulder, and also have an MRI of both the right and left ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Ankle MRI without Contrast as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks or activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Imaging, such as MRI, may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. In the case of this worker, there was a request for an MRI of the right and the left ankle. According to the subjective and objective evidence provided, there was no indication for imaging besides pain in the right ankle. The request for imaging of both ankles without evidence of using physical therapy and other medications such as NSAIDs for at least a few weeks is inappropriate and MRI of the left ankle would not likely result in any change in the outcome for this worker. For now, the left ankle MRI is not medically necessary.