

Case Number:	CM14-0187454		
Date Assigned:	11/17/2014	Date of Injury:	05/01/2012
Decision Date:	01/06/2015	UR Denial Date:	10/10/2014
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 Emergency 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:

The injured worker is a 70 year-old male, who sustained an injury on May 1, 2012. The mechanism of injury occurred from a crush injury from a heavy door closing. Diagnostics have included: August 16, 2012 Left Ankle Magnetic Resonance Imaging (MRI) reported as showing calcaneus comminuted fracture, edema, partial collapse of calcaneus, Achilles tendinosis; May 7, 2014 Left Ankle Computed Tomography (CT) scan reported as showing healed calcaneal fracture with degenerative changes; June 11, 2014 bone scan reported as showing left calcaneus fracture. Treatments have included: physical therapy, acupuncture, medications. The current diagnoses are: calcaneal fracture, malunion, secondary subtalar arthritis. The stated purpose of the request for MRI Left Ankle was to assess bony abnormalities. The request for MRI Left Ankle was denied on October 10, 2014, noting that previous imaging studies should provide for sufficient anatomical mapping prior to subtalar fusion. Per the report dated September 24, 2014, the treating physician noted complaints of left ankle pain. Exam findings included restricted subtalar range of motion with crepitus. Per the April 21, 2014 and June 24, 2014 AME reports, the injured worker has failed multiple conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 375.

Decision rationale: The requested Magnetic Resonance Imaging (MRI) of Left Ankle is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle & Foot Complaints, Special Studies and Diagnostic and Therapeutic Considerations, recommend imaging studies with documented red flag conditions after failed conservative treatment trials. The injured worker has left ankle pain. The treating physician has documented restricted subtalar range of motion with crepitus. May 7, 2014 left ankle Computed Tomography (CT) scan reported as showing healed calcaneal fracture with degenerative changes; June 11, 2014 bone scan reported as showing left calcaneus fracture. The treating physician has not documented the medical necessity for additional imaging studies to prepare for a subtalar fusion. The criteria noted above not having been met, Magnetic Resonance Imaging (MRI) of Left Ankle is not medically necessary.