

Case Number:	CM14-0190654		
Date Assigned:	11/25/2014	Date of Injury:	04/30/2010
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This 53 year old woman sustained an industrial injury on 4/30/2010 after striking her left ankle on a door and resulted in chronic left ankle pain with decreased motion. Treatment has included oral and topical medication, assistive devices for ambulation, bilateral foot and ankle x-rays, MRI of the left foot, podiatry consultation, and arthroscopic surgery to the left foot/ankle in 2011. The MRI of the left foot was performed on 8/17/12 was negative. An 8/17/12 MRI of the left ankle revealed evidence of an area of injury on the tibial articular surface, a calcaneal spur, and mild Achilles tendinosis. The worker continues to complain of worsening symptoms, however, on 9/19/2013, the podiatrist states after thorough examination, that there may be some genetic issues (pes planus), there appears to be no work related injury noted. Treatment recommendations included only replacement of lost orthotics and the physician designates her disability as permanent and stationary. On 10/16/2014 Utilization Review evaluated a prescription for a repeat MRI of the left ankle. The physician noted that the pain specialists was concerned about a "frozen ankle" due the progressiveness of the pain and decreased range of motion requiring assistive devices. There is no documentation of an orthopedic consultation. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the 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 (ODG) Treatment Index, 12th Edition (web), 2014, Ankle/Foot- MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot-Magnetic resonance imaging (MRI)

Decision rationale: Repeat MRI of the left ankle is not medically necessary per the MTUS and the ODG guidelines. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The MTUS ACOEM guidelines state that magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The documentation indicates that the patient has had a prior MRI of the ankle. The patient has chronic ankle pain. There are no significant changes in symptoms or evidence of progressive neurologic or musculoskeletal dysfunction in the documentation submitted. The request for a repeat MRI of the left ankle is not medically necessary.