

Case Number:	CM14-0193567		
Date Assigned:	12/01/2014	Date of Injury:	06/11/2014
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 Geriatrics, and is licensed to practice in New York. 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 27 year old woman with a date of injury of 6/11/14. She was seen by her primary treating physician on 9/26/14 with complaints of bilateral ankle and foot pain and stiffness. Her exam showed 3+ tenderness to palpation of both ankles with limitations in range of motion. Anterior and posterior drawer caused pain bilaterally. Her diagnoses were bilateral ankle sprain/strain, rule out bilateral ankle internal derangement and bilateral foot sprain/strain. The plan was for chiropractic treatment, physiotherapy and MRIs of the left and right ankle. At issue in this review is the request for the right ankle MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right ankle: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-377.

Decision rationale: The request in this injured worker with bilateral foot and ankle pain is for a MRI of the right ankle. The records document a physical exam with tenderness to palpation and mild reduction in range of motion but no red flags or indications for immediate referral or

imaging. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the right ankle is not medically indicated. The medical necessity of a right ankle MRI is not substantiated in the records.