MAXIMUS Federal Services

Case Number:	CM14-0194248		
Date Assigned:	12/02/2014	Date of Injury:	09/08/2014
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/20/2014

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 Ohio. 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 19 year old male with a reported industrial injury on September 8, 2014 after jumping from a ladder and landing on left foot. The injured worker was seen in a clinic on September 9, 2014 where X-ray of left ankle was normal. Medication, crutches, opioids were prescribed and told to use heat and ice and over the counter analgesics as needed. On October 15, 2014 the injured worker was examined by primary care physician and continued to complain of left ankle pain with swelling that comes and goes, giving away sensation and putting weight on the left leg as well as walking worsens the pain. The providers note states the injured worker seen a specialist and was provided with an ankle brace and was recommended a computed tomography (CT) scan of the ankle be done. The physical exam of the ankle reveals swelling with tenderness anteriorly and laterally with negative anterior drawer sign. There was antalgic gait. Range of motion was all within normal limits as well as neurologic testing. Diagnosis is severe left ankle strain/sprain and rule out internal derangement left ankle. The plan of care is Magnetic resonance imaging (MRI) of left ankle to rule out any internal derangement, physical therapy, podiatry evaluation and treatment, Non-steroidal anti-inflammatory drug, Ultram, ice, brace, crutches and return in two weeks. The injured workers work status is modified duties with sedentary work. On October 20, 2014 the primary care physician requested MRI without contrast of left ankle and physical therapy, 8 sessions. The Utilization Review non-certification was based on the California Medical treatment utilization schedule (MTUS) guidelines American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) without contrast of the left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

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, Magnetic resonance imaging (MRI)

Decision rationale: Magnetic resonance imaging (MRI) provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. MRI has very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. However sensitivity was low with MRI. In a symptomatic patient with ligamentous and chondral pathology in the ankle, negative results on MRI must be viewed with caution and an arthroscopy may still be required for a definitive diagnosis and treatment. Magnetic resonance imaging (MRI) reliably detects acute tears of the anterior talofibular ligament and calcaneofibular ligament. After acute trauma, MRI is highly sensitive, specific and accurate for determining the level of injury to the ankle syndesmotic ligaments. In this instance, the injured worker's pain and objective ankle swelling has persisted for 9 weeks post-injury. He had not yet started the physical therapy ordered 10-15-2014 for reasons unknown but the guidelines cited do not require a failure of conservative treatment. Merely, there should be chronic ankle pain in the context of normal radiographs when an osteochondral injury or tendinopathy is suspected. The persistence of pain and swelling 9 weeks after the injury would seem to qualify as chronic ankle pain and therefore an MRI (magnetic resonance imaging) without contrast of the left ankle is medically necessary in this case.