

Case Number:	CM14-0199038		
Date Assigned:	12/09/2014	Date of Injury:	02/27/2007
Decision Date:	01/22/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/26/2014

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 Orthopedic Surgery 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 27 year old male with an injury date of 2/27/07. The mechanism of injury was not noted. Injury was to head, lungs, liver and kidney. MRI results from 7/9/07 showed prior pelvic fractures with stable appearance of screw plating and no hardware failure or infection. MRI results of the left ankle done 11/9/07 showed a subchondral bone injury and fluid surrounding the posterior talofibular ligament but no ligament tear and no fracture. He underwent an open reduction and internal fixation on 2/27/07 for left open subtalar dislocation. The injured worker was seen on 10/9/14 for complaints of pain in his right hip and left ankle. Physical examination showed an antalgic gait on the left, unlike previous visit. Range of motion is full but with pain in the right hip. History includes posttraumatic headache, status post fracture of the lumbar spine transverse process, status post open pelvis diastasis fracture, status post fracture dislocation of the left ankle, status post liver and kidney contusion and status post collapsed lung, resolved. The Utilization Review dated 11/1/14 non-certified repeat left ankle MRI scan. Per the UR, there is a lack of history (recent injury) highlighting onset and nature/mechanism of recent injury in addition to missing conservative treatment if that was implemented on the last visit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology per MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left ankle MRI scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints Page(s): 375.

Decision rationale: According to MTUS guidelines, ankle MRI is recommended in case of suspicion of ligament tear, neuroma and tendinitis. There no clinical evidence supporting that the patient is suffering from any of these disorders. Furthermore, there is no documentation of significant changes in the patient's condition. Therefore, the request for left ankle MRI is not medically necessary.