

Case Number:	CM14-0203024		
Date Assigned:	12/15/2014	Date of Injury:	12/23/2013
Decision Date:	02/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 41 year old male with an injury date of 12/23/13. Based on the 11/05/14 progress report provided treating physician, the patient complains of left ankle pain that radiates pain down the leg. Physical examination on 11/05/14 revealed pain on palpation to the lateral, medial and central aspect of the ankle joint. Patient demonstrates inability to perform toe-walking, toe-standing, squatting, and crouching with unspecified range of motion disturbances. Patient takes OTC medications to manage gastroesophageal reflux disease. Patient is currently working modified duty. Progress reports were handwritten and difficult to interpret. Diagnosis 11/05/14- Trimalleolar fracture of the LEFT ankle (MRI confirmed)- Tear in the lateral ligaments of the LEFT ankle (MRI confirmed)- LEFT ankle instability- Derangement of the LEFT ankle- Painful gait The utilization review determination being challenged is dated 11/19/14. The rationale IS "... X-ray of Left ankle revealed medium-size plantar and Achilles tendon calcaneus heel spurs. X-rays of Right ankle showed medium size-plantar and Achilles heel spurs... Clinical provided does not establish medical necessity as evidence of soft tissue instability is not seen, etc..." Treatment reports were provided from 06/02/14 to 12/01/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 Chapter, under MRI (Magnetic Resonance Imaging).

Decision rationale: The patient presents with left ankle pain that radiates pain down the leg. The request is for MRI of the right ankle. Patient's diagnosis on 11/05/14 included trimalleolar fracture of the left ankle, tear in the lateral ligaments of the left ankle (MRI confirmed, date unspecified), and derangement of left ankle. Patient demonstrates inability to perform toe-walking, toe-standing, squatting, and crouching with unspecified range of motion disturbances. Patient takes OTC medications to manage gastroesophageal reflux disease. Patient is currently working modified duty. ODG-TWC, Ankle and Foot Chapter, under MRI (Magnetic Resonance Imaging) states: "Indications for imaging -- MRI (magnetic resonance imaging) - Chronic ankle pain, suspected osteochondral injury, plain films normal.- Chronic ankle pain, suspected tendinopathy, plain films normal.- Chronic ankle pain, pain of uncertain etiology, plain films normal.- Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular.- Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable.- Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome.- Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is - Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically."Per progress report dated 11/05/14, provider requests MRI imaging of the right ankle; however reason for the request is not discussed. Medical records provided do not contain information pertinent to the right ankle. Given the patient's chronic pain, the request would be indicated by guidelines, but there are neither discussion nor examination findings with regards to the right ankle. Therefore, the request is not medically necessary.