

Case Number:	CM14-0204569		
Date Assigned:	12/16/2014	Date of Injury:	03/03/2011
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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 Practice 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:

52 yr. old female claimant sustained a work injury on 3/3/11 involving the right knee, ankle and back. She was diagnosed with ankle strain, lumbar strain and plantar fasciitis. An x-ray of the right ankle on 5/9/14 indicated the bimalleolar swelling. A progress note on 11/12/14 indicated the claimant had right foot and ankle pain. She had used extracorporeal shock wave therapy, NSAIDs, ice and orthotics along with physical therapy. She had been on Fluoxetine for depression and medical foods to aid with pain and sleep. Exam findings were notable for tenderness to palpation, decreased range of motion and strength was noted. The physician requested physical therapy and an MRI of the right foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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)- Indications for imaging- Magnetic resonance imaging (MRI)

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

Decision rationale: X-rays are recommended for acute injuries. Further evaluation is recommended if there is greater than 13 mm of effusion anteriorly. In this case, the examination did not note any effusion. There was prior swelling in May 2014. The exam findings were not specific to indicate the need for an MRI. In addition there was no plan for surgery or surgical consultation. The request for an MRI of the ankle is not medically necessary.