

<b>Case Number:</b>	CM14-0206765		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Occupational Medicine, has a subspecialty in Environmental Medicine, and Medical Toxicology and is licensed to practice in West Virginia. 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:

This individual is a 52 year old male who sustained an industrially related injury on June 23rd, 2012 involving his right ankle and left wrist/forearm. He has ongoing complaints of wrist weakness, ankle pain (9/10), reduced ankle range of motion and limited ability to ambulate (<100ft) secondary to ankle pain and weakness. Physical examination notes in the provided record detail; tenderness to palpation of right ankle, decreased range of motion and weakness (not defined in note) of the right ankle. Sensory examinations and deep tendon reflexes are noted to be within normal limits. An earlier MRI of his right ankle noted an osteochondral defect. He is status post right ankle arthroscopy (1/13) with osteochondral drilling for repair of defect. Notes indicate the osteochondral lesion is stable following this surgery. The provided notes also indicate he has reached maximal medical improvement in regards to his right ankle injury.

### 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), Ankle & Foot Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Ankle & Foot, Magnetic resonance imaging (MRI)

**Decision rationale:** ACOEM guidelines state "Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain". The ODG states: MRI is being used with increasing frequency and seems to have become more popular as a screening tool rather than as an adjunct to narrow specific diagnoses or plan operative interventions. This study suggests that many of the pre-referral foot or ankles MRI scans obtained before evaluation by a foot and ankle specialist are not necessary. For evaluating ankle disability, using plain MRI alone is not adequate for correctly detecting lateral collateral ligamentous injury of the ankle joint. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of significant pathology. The requested MRI is a repeat study, medical records note a stable post-surgical lesion and the provided record does not note a specific indication for this study. Repeat MRI's are not recommended without specific indications and if there is concern for additional ligamentous injury then arthrogram would be considered the appropriate study. As such the request for an MRI of the right ankle is deemed not medically necessary.