

Case Number:	CM14-0209974		
Date Assigned:	12/23/2014	Date of Injury:	06/02/2014
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 37-year-old male who was injured on June 2, 2014. The patient continued to experience pain in his right foot and ankle. Physical examination was notable for normal pulses of the right ankle/foot, normal capillary refill of the right foot, no ecchymosis, normal ankle motion, normal ankle strength, and tenderness over the lateral malleolus. X-ray of the right ankle in June 2014 showed old lateral malleolus fracture with possible acute fracture. Diagnoses included sprain ankle and fracture lateral malleolus. Treatment included activity modification, physical therapy and medications. Request for authorization for MRI right ankle was submitted for consideration.

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: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. 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, Magnetic resonance imaging (MRI).

Decision rationale: Ankle MRI is recommended for the following indications: 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 In this case there are few objective findings on ankle examination. There is no comment on the patient's ability to bear weight and ambulate on the ankle. In addition the plain films are not normal. There is no medical indication for MRI of the ankle. The request should not be authorized.