MAXIMUS Federal Services

Case Number:	CM15-0003089		
Date Assigned:	01/16/2015	Date of Injury:	07/28/2014
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/06/2015

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
Certification(s)/Specialty: Podiatrist

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 injured worker is a 37 year old male, who sustained an industrial injury on July 28, 2014, sustaining a right ankle injury. His diagnosis was tibialis anterior tendonitis of the right ankle. Treatment to date has included pain medication, MRI of the right ankle, physical therapy, Ketorolac injection and acupuncture treatments. MRI of the right ankle revealed mild chronic post-traumatic arthrosis of the ankle joint with possible presence of several tiny loose bodies. The injured worker had a history of right ankle surgery in 2002. Current documentation dated October 22, 2014 notes that the injured worker had persistent right ankle pain. He had been receiving acupuncture treatments which had not been very beneficial. Physical examination revealed tenderness to the dorsomedial aspect of the ankle. He ambulates with a limp. Range of motion was normal. Deep tendon reflexes were decreased. On December 11, 2014 Utilization Review non-certified a request for an MR Arthrogram of the right ankle. The MTUS, ACOEM Guidelines and Official Disability Guidelines, were cited. On January 6, 2015, the injured worker submitted an application for IMR for review of an MR Arthrogram of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram Right Ankle QTY:1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines Ankle & Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Ankle and Foot

Decision rationale: According to the enclosed information and a progress note exam dated December 2, 2014, this patient continues to complain of right ankle pain rated at 7/10. There are occasional flare-ups to 10/10. The patient has undergone numerous treatments for his right ankle pain including immobilization, cortisone injection, physical therapy, acupuncture, anti-inflammatory and pain medication. Unfortunately none of these modalities have alleviated patient's pain. MRI evaluation as well as x-ray evaluation to show pathology to the right ankle joint. Because patient has failed conservative treatments, his physician would like further evaluation of the ankle joint, recommending MR arthrogram of the right ankle joint to evaluate for a tear that could not be evaluated on regular MRI.Chapter 14, page 374 of the MTUS guidelines states that for patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. Imaging findings should be correlated with physical findings. This patient has failed conservative treatment to his right ankle for many many months, with positive pedal occupied an example x-ray and MRI. According to the above mentioned guidelines in my review of the case and its information, I feel that an MR arthrogram is necessary to evaluate for any tearing of the joint capsule or tendons surrounding the right ankle joint. This may help "clarify the diagnosis and assist reconditioning" of the patient's ankle.Furthermore, ODG guidelines, Ankle and foot, page 31, advises that MRI alone is not adequate for correctly detecting lateral collateral ligamentous injury of the ankle joint. MR arthropathy improves the sensitivity any accuracy for ankle ligamentous injuries. It also helps in assessing coexisting pathologic lesions of the ankle joint especially impingement syndromes and osteochondral lesions and provides more information for therapeutic decision-making.