

Case Number:	CM15-0003858		
Date Assigned:	01/26/2015	Date of Injury:	07/22/2014
Decision Date:	03/24/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 48-year-old male who reported an injury on 07/22/2014. The mechanism of injury was a fall. His diagnoses include long term use of medications, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, closed fracture to the distal, and impingement of the shoulder joint. Past treatment was noted to include medications, activity modifications, and physical therapy, though it was unclear which body region this was to benefit. On 12/29/2014, it was noted the injured worker had complaints of pain to his right ankle. Upon physical examination, it was indicated that motor strength to his ankle measured 5/5. Medications were noted to include amlodipine, ibuprofen, metoprolol, and simvastatin. The treatment plan was noted to include an MRI of the bilateral ankles without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Left Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2014 Online Version

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: According to the California MTUS/ACOEM Guidelines, special studies are not needed until after a period of conservative care and observation. More specifically, the Official Disability Guidelines note that the indications for imaging of the ankle are chronic pain and suspected osteochondral injury, tendinopathy, or pain of uncertain etiology and previous films without abnormal findings. The clinical documentation submitted for review did not specify previous conservative therapy to the ankle. Additionally, there were no previous radiographic findings. Consequently, the request is not supported by the evidence based guidelines. Additionally, there is no rationale for the requested service. As such, the request for MRI left ankle is not medically necessary.