

Case Number:	CM15-0003868		
Date Assigned:	01/22/2015	Date of Injury:	07/22/2014
Decision Date:	03/12/2015	UR Denial Date:	12/26/2014
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 sustained an industrial injury on 07/22/2014. He has reported right shoulder pain, bilateral lower extremity pain, low back pain, bilateral heel pain, low back pain, and bilateral upper extremities pain associated with numbness and tingling. The diagnoses have included of pain in joint involving ankle and foot and fracture of the right wrist. According to the notes of 12/18/2014, treatment to date has included physical therapy, multiple MRI's completed on 09/10/2014 including a cervical MRI , MRI of the brain, and MRI of the Lumbar spine, and a MRI of the right wrist. A shoulder MRI has results pending. The IW is treating with a pain specialist and is taking ibuprofen at home for pain management. He describes constant low back pain, soreness in bilateral lower extremities with numbness and tingling, and bilateral heel pain made worse with standing or walking more than 15 minutes. The physician requested a MRI of the bilateral ankles and calcaneus. On 12/26/2014 Utilization Review non-certified a request for MRI Right Ankle, noting the clinical information submitted for review fails to meet the evidence based guidelines. The MTUS, ACOEM Guidelines, Chapter 14 Ankle and Foot Complaints were cited. On 01/08/2015, the injured worker submitted an application for IMR for review of the non-certified items.

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 Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361 - 382.

Decision rationale: The date of injury was 07/22/2014. He fell 6 feet and sustained head trauma, shoulder trauma and had a right distal radius non-displaced fracture. In the appeal to the previous denial it was noted that he had negative bilateral foot x-rays. On 12/29/2014 gait in the office was normal. The motor, sensory and reflex exams of the lower extremities were normal. There was no swelling or redness. Range of motion was normal. He had bilateral heel pain on prolonged walking or standing periodically - not every time. MTUS, ACOEM noted that imaging studies are not medically necessary in the absence of red flag signs or the absence of change in the clinical exam/history. Based on the MTUS, ACOEM guidelines, the requested MRI of the right ankle is not substantiated by the documentation provided for review.