

Case Number:	CM15-0004545		
Date Assigned:	01/15/2015	Date of Injury:	12/19/2013
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial fall injury, that included twisting of the right ankle, reported on 2/19/2013. She has reported recurrent symptoms with the right ankle. The diagnoses have included joint effusion in the right ankle mortise and subtalar joint, and possible mild soft tissue swelling over the lateral collateral ligament with no evidence of tear. Treatments to date have included consultations; imaging studies; orthotics; acupuncture therapy; home exercise program; and medication management. The work status classification for this injured worker is not noted. On 1/5/2015 Utilization Review non-certified, for medical necessity, the request for a magnetic resonance imaging study of the right ankle due to decreased motion and lack of objective documentation, ACOEM Guidelines and the Official Disability Guidelines for ankle magnetic resonance imaging, were cited. The PR-2 notes, dated 12/5/2014, include a request for right ankle magnetic resonance imaging and brace due to swelling with tenderness, limited range-of-motion, weakness and the feeling of it being unstable. These notes are hand written and the specific objective findings listed are not entirely legible

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: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-377.

Decision rationale: The ACOEM chapter on ankle complaints and imaging studies states: 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. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The patient already had an MRI of the ankle, which was reported normal in 04/2014. There is no documentation in significant change in the ankle exam or new injury, which would warrant an additional MRI. Therefore the request is not certified.