

Case Number:	CM15-0006668		
Date Assigned:	01/22/2015	Date of Injury:	10/15/2013
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 62 year old male with an industrial injury dated October 15, 2013. The injured worker diagnoses include pain in joint ankle/foot and sprain/strain of ankle. He has been treated with radiographic imaging, prescribed medications, and periodic follow up visits. In a progress note dated 11/10/2014, the injured worker reported constant sharp shooting stabbing pain on the right ankle with popping during rotation. Physical exam revealed pain on palpation of distal fibula and anterior ankle joint mortise and antalgic gait favoring right side limb. The treating physician prescribed services for MRI (right ankle) now under review. UR determination on December 8, 2014 denied the request for MRI (right ankle), citing MTUS, ACOEM and Official Disability Guidelines.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI) Indications for imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.. Decision based on Non-MTUS Citation Ankle & Foot (Acute & Chronic)

Decision rationale: Per the MTUS, for most patients presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. For patients with continued limitations of activity after 4 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. Per the ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. A review of the injured workers medical records reveal that he had an MRI in March of 2014, and a CT scan in August 2014 and there does not appear to be a significant change in his symptoms that would warrant a repeat MRI at this point. Therefore based on the injured workers clinical presentation and the guidelines the request for MRI of the right ankle is not medically necessary.