

Case Number:	CM15-0102368		
Date Assigned:	06/04/2015	Date of Injury:	07/12/2008
Decision Date:	07/09/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California
 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 applicant is a represented 67-year-old who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of July 12, 2008. In a Utilization Review report dated May 19, 2015, the claims administrator denied a request for ankle MRI imaging. The claims administrator referenced a May 12, 2015 RFA form and associated progress note in its determination, along with non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. On April 28, 2015, the applicant reported ongoing complaints of ankle status post two prior ankle surgeries in 2010 and 2011. The applicant reported that the earlier ankle surgeries had initially attenuated his pain complaints but he had now developed heightened ankle pain complaints exacerbated by standing and/or negotiating uneven surfaces. The applicant had retired from his former job and was apparently working at a new job on a part-time basis. The applicant's did have comorbidities including diabetes, gout, and dyslipidemia, it was reported. Tenderness about the sinus tarsi region was appreciated with relatively well-preserved ankle range of motion. Peroneal tenderness and subtalar pain were also appreciated. The applicant was given corticosteroid injection. MRI imaging of the ankle to evaluate the integrity of the peroneal tendons and/or subtalar space were sought. The applicant was not given any formal work restrictions. The applicant was asked to follow up on an as-needed basis. It was stated that the provider who performed the injection appeared to have been a physiatrist. The applicant had received surgery through another provider, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, MRIs.

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

Decision rationale: No, the proposed ankle MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, page 374 does acknowledge that MRI imaging may be helped to clarify diagnoses of delayed recovery such as osteochondritis dissecans, here, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how the proposed ankle MRI would influence to alter the treatment plan. The requesting provider appears to have been a physiatrist (as opposed to an ankle surgeon). The MRI in question was requested on April 28, 2015, i.e., the same date on which the applicant received an ankle corticosteroid injection on. Thus, the corticosteroid injection, if successful, would have obviated the need for the proposed ankle MRI. The requesting provider, furthermore, suggested that the applicant follow-up on an as-needed basis, implying that the requesting provider did not have a clearly formed intention of acting on the results of the ankle MRI at issue. The requesting provider was, furthermore, a physiatrist (as opposed to an ankle surgeon); again reducing the likelihood of the applicant is acting on the results of the study in question. Therefore, the request was not medically necessary.