

Case Number:	CM15-0132343		
Date Assigned:	07/20/2015	Date of Injury:	07/25/2014
Decision Date:	08/25/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/08/2015

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: Pennsylvania, Ohio, California
 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 72-year-old female, who sustained an industrial injury on 07-25-2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 06-02-2015 the injured worker has reported right lower extremity discomfort. On examination of the injured worker was noted to walk with a slightly altered gait. Right knee revealed no effusion today. Tenderness to palpation in the patellofemoral region and pes anserine bursal region was noted. Right ankle was noted to have mild fullness of the anterolateral ankle. Tenderness to palpation over the anterolateral ankle. The diagnoses have included chondromalacia patella-right knee, iliotibial band syndrome-right knee-lower extremity and sprain-strain-right ankle- rule out internal derangement. Treatment to date has included medication. MRI of right knee on 10-01-2014 revealed chondromalacia patella. The provider requested MRI right ankle.

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.

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

Decision rationale: ACOEM recommends MRI imaging of the ankle if a patient does not respond to initial conservative treatment and if there is a specific differential diagnosis to consider. The records in this case do not clearly document a differential diagnosis for the proposed ankle MRI; an MRI without such underlying reasoning creates a significant risk for a false-positive diagnosis. This request is not medically necessary.