

Case Number:	CM15-0133253		
Date Assigned:	07/21/2015	Date of Injury:	02/24/2011
Decision Date:	08/25/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66-year-old male sustained an industrial injury on 2/24/11. He subsequently reported left lower extremity pain. Diagnoses include degenerative joint disease of the knee. Treatments to date include MRI testing, knee surgery, acupuncture, injections and prescription pain medications. The injured worker continues to experience left knee pain. Upon examination, tenderness to palpation is noted over the right greater trochanteric bursa. There was crepitation noted in bilateral knees as well as laxity in the left knee. There was also tenderness to palpation noted over the left ankle with mild swelling noted. A request for MRI of the left ankle without contrast was made by the treating physician.

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 without contrast: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle Magnetic Resonance Imaging (MRI).

Decision rationale: Per the ODG guidelines with regard to ankle MRI: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. Indications for imaging MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal. Chronic ankle pain, suspected tendinopathy, plain films normal. Chronic ankle pain, pain of uncertain etiology, plain films normal. Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular. Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable. Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome. Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008) Per the documentation submitted for review: X-ray of the left foot showed degenerative changes in the first metatarsophalangeal joint. No fracture dislocation is noted. Per progress report dated 2/18/15: "He continues to show symptomatology of the left ankle. He has difficulty with direct palpation of the left ankle joint itself. He does continue to demonstrate swelling of the left ankle. He demonstrates severe hallux valgus deformity of the feet bilaterally. He demonstrates continuation of pain to palpation of the ankle joint itself. There is pronation with impingement of the ankle joint itself. He has difficulty with squatting and crouching as well as toe walking and toe standing and has difficulty with symptomatology of pain. Limitation of range of motion on the left side continues to persist with internal derangement clearly been identified for him." I respectfully disagree with the UR physician's assertion that the documentation submitted for review did not meet the criteria for ankle MRI. There is documented evidence of internal derangement and chronic ankle pain. The request is medically necessary.