MAXIMUS Federal Services

| Case Number: | CM15-0140235 | | |
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| Date Assigned: | 07/30/2015 | Date of Injury: | 11/08/2012 |
| Decision Date: | 09/17/2015 | UR Denial Date: | 07/13/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

## 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
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 26-year-old male who sustained an industrial/work injury on 11-8-12. He reported an initial complaint of right ankle pain. The injured worker was diagnosed as having osteochondritis dissecans (right). Treatment to date includes medication, having right ankle arthroscopic debridement, drilling of osteochondral defect on 12-11-14), and injection. Currently, the injured worker complained of pain in medial aspect of the ankle. Per the primary physician's report (PR-2) on 6-8-15, exam noted stiffness with movement of the right ankle, tenderness along the medial aspect of the right ankle, neurovascularly intact, and decreased plantar flexion compared to the contra lateral side, and range of motion is from 5 degrees dorsiflexion to 45 degrees plantar flexion. Progression was limited. The requested treatments include MRI (magnetic resonance imaging) of 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:** Overturned

**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), http://www.odg-twc.com/odg/twc/ankle.htm).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

**Decision rationale:** According to the CA MTUS ACOEM guidelines, for most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. The injured worker in this case has undergone surgical intervention and has completed postoperative management. He remains symptomatic and there is concern with regards to the formation of scar tissue. At this juncture, the request for updated imaging is supported to aid in further treatment planning. The request for MRI right ankle is medically necessary and appropriate.