

Case Number:	CM15-0143444		
Date Assigned:	08/04/2015	Date of Injury:	01/06/2014
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female who sustained an industrial injury on 01-06-14. Initial complaints include left ankle pain. Initial diagnoses are not available. Treatments to date include medications, physical therapy, injections, a boot, orthopedic shoes, modified duty, and immobilization. Diagnostic studies include x-rays on 04-04-14 and 07-09-14, and a MRI of the left ankle on 06-09-14. Her x-rays show no evidence of healed fractures, dislocations, and normal joint spaces. Current complaints include pain in the plantar heel, Achilles tendon, sinus tarsi, and medial malleoli along the deltoid. Current diagnoses include status post left ankle sprain with persistent pain and nerve entrapment, possible complex regional pain syndrome. The patient is noted to be status post lumbar laminectomy. In a progress note dated 06-18-15 the treating provider reports the plan of care as an ankle brace, an orthopedic consultation, Norco, and an updated MRI of her left ankle. The requested treatments include a MRI of the left ankle. A 5/6/15 progress note indicates that the patient has left ankle and foot pain with radiation to the legs. This is associated with tingling/numbness/weakness in the left leg. The pain is getting worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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, Ankle & Foot, 2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle- Magnetic resonance imaging (MRI).

Decision rationale: MRI of left ankle is not medically necessary per the MTUS and the ODG. The MTUS ACOEM guidelines state that disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The ODG states that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The documentation is not clear that the patient has a significant change in symptoms in ankle pathology from prior ankle imaging studies as the documentation is suggestive of lumbar pathology referring pain the leg/ankle. The request for an ankle MRI is not medically necessary.