

Case Number:	CM15-0161287		
Date Assigned:	08/28/2015	Date of Injury:	08/07/2008
Decision Date:	09/30/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 injured worker is a 60 year old female, who sustained an industrial injury on 8-7-2008. The mechanism of injury from twisting her ankle while walking. The injured worker was diagnosed as having left ankle chronic tendinitis. There is no record of a recent diagnostic study. Treatment to date has included left ankle surgery in 2008, therapy and medication management. In a progress note dated 6-29-2015, the injured worker complains of left lateral ankle pain. Physical examination showed peroneus tendon tenderness. She has had some residual pain since the surgery, which is increasing. The treating physician is requesting left ankle magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left ankle: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot/Magnetic Resonance Imaging.

Decision rationale: Both the MTUS and ODG Guidelines support MRI scanning for persistent ankle pain thought to secondary to deep structures of soft tissue structures. This individual qualifies for an MRI per the Guideline standards. This individual has had residual pain for many years which is increasing in intensity. She has had physical therapy in the remote past and is active. There is no reasonable expectation that conservative care will alleviate this individuals discomfort under these circumstances. The requested MRI left ankle is supported by Guidelines and is medically necessary.