

Case Number:	CM15-0165202		
Date Assigned:	09/02/2015	Date of Injury:	01/10/2012
Decision Date:	10/06/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina
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 60 year old female, who sustained an industrial injury on 1-10-12. She reported left ankle pain. The injured worker was diagnosed as having painful gait, failed surgery to the left ankle and foot, status post tendon transfer, status post repair of the posterior tibial tendon of the left ankle, status post arthroscopic surgery of the left ankle, and status post extensive debridement with arthrotomy and partial synovectomy of the left ankle. Treatment to date has included physical therapy, left ankle surgeries, the use of a walker, and medication. Currently, the injured worker complains of left ankle pain. The treating physician requested authorization for a MRI of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the left ankle, quantity: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), TWC (Treatment for Workers Compensation), Ankle & Foot (updated 06/22/15) Indications for imaging.

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

Decision rationale: The ACOEM chapter on ankle and foot complaints and imaging states: 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. Cases of hallux valgus that fail conservative treatment merit standing plain films to plan surgery, and consultation with the potential surgeon is recommended. Sprains are frequently seen after emergency room treatment in which radiographs are obtained to rule out fractures. Minimal sprains can be treated symptomatically without films. Table 14-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defect. The patient does not meet imaging criteria as outlined above in the review of the provided medical records. Therefore the request is not medically necessary.