

Case Number:	CM15-0166200		
Date Assigned:	09/03/2015	Date of Injury:	11/05/2010
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
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: Texas, Florida, 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:

This 56 year old man sustained an industrial injury on 11-5-2010. The mechanism of injury is not detailed. Evaluations include right ankle MRI dated 5-2015. Diagnoses include osteoarthritis, right ankle pain, left foot pain, and chronic regional pain syndrome. Treatment has included oral medications. Physician notes dated 6-22-2015 show complaints of worsening chronic right ankle pain and right arch pain. Recommendations include further surgical intervention which is refused by the worker, Arizona brace, sedentary work position, consider ankle implant in the future, consider second opinion of neurology and pain specialists, worker is considered permanent and stationary, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left and right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ankle section, under MRI.

Decision rationale: This claimant was injured in 2010. There was a right ankle MRI dated 5-2015. Diagnoses include osteoarthritis, right ankle pain, left foot pain, and chronic regional pain syndrome. As of June, there is worsening chronic right ankle pain and right arch pain. Recommendations include further surgical intervention which is refused by the worker. The MTUS is silent in regards to MRI to this area. Regarding MRI to the ankle, the ODG note: 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. (Colorado, 2001) (ACR-ankle, 2002) (ACR-foot, 2002) Although there is pain described to the area, there are no definitive orthopedic signs that might warrant advanced imaging for clarification. The request was appropriately not medically necessary.