

Case Number:	CM15-0168733		
Date Assigned:	09/09/2015	Date of Injury:	04/18/2014
Decision Date:	10/08/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/27/2015

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 51-year-old female, who sustained an industrial injury on April 18, 2014. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having left limb pain, sprain and strain of cruciate ligament of left knee - rupture, left knee pain, left knee anterior cruciate ligament reconstruction, and anxiety. Medical records (March 2, 2015 to June 9, 2015 report) indicate chronic left knee pain despite a left knee arthroscopy with anterior cruciate ligament reconstruction and chondroplasty on September 5, 2014. Per the treating physician (June 9, 2015 report), the employee may returned to full duty without restrictions. The physical exam (March 2, 2015 to 9/9/2015) reveals improved left knee range of motion. There was no effusion, no joint line tenderness, knee extension of 0 degrees and knee flexion of 130 degrees. Treatment has included postoperative physical therapy, steroid injections, work and home modifications, medications including topical pain, muscle relaxant, antidepressant, and non-steroidal anti-inflammatory. On August 6, 2014, the requested treatments included a MRI of the left ankle. On August 14, 2015, the original utilization review non-certified a request 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 Left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG) Ankle & Foot: MRI.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on ankle complaints 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. The review of the provided medical records does not show the patient to meet these criteria for imaging and therefore the request is not medically necessary.