

Case Number:	CM15-0182153		
Date Assigned:	09/23/2015	Date of Injury:	11/01/2006
Decision Date:	10/30/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/16/2015

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, Illinois

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 66-year-old female, who sustained an industrial injury on 11-1-2006. The medical records indicate that the injured worker is undergoing treatment for right ankle posterior tibial tendon dysfunction and right subtalar degenerative joint disease. According to the progress report dated 8-19-2015, the injured worker presented following a positive diagnostic injection in the right ankle on 8-12-2015. She notes that the injection helped tremendously. The physical examination of the right ankle revealed full range of motion without tenderness or swelling. She is neurovascularly intact distally. Treatments to date include medication management, brace, and injection. Work status is described as temporarily totally disabled. The original utilization review (9-14-2015) had non-certified a request for MRI of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic) Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 11-1-2006 .The medical records provided indicate the diagnosis of right ankle posterior tibial tendon dysfunction and right subtalar degenerative joint disease. Treatments have included medication management, brace, and injection. The medical records provided for review do not indicate a medical necessity for MRI right ankle. The MTUS does not recommend imaging studies for most cases presenting with true foot and ankle disorders until after a period of conservative care and observation. The medical records indicate the injured worker suffers from intractable pain in her right ankle, because of which she had diagnostic injection of the ankle. The injection provided significant benefit; and on return visit, she had normal examination, though she still had pain. Consequently, the doctor requested for an MRI of the right ankle to determine the source of her pain. The records indicate an MRI of the right ankle in 2009 revealed degenerative changes. The Official Disability Guidelines does not recommend MRI of the ankle unless if this would be used to plan surgery, as in cases with red flags. Additionally, the Official Disability Guidelines states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. This request is not medically necessary.