

<b>Case Number:</b>	CM15-0184987		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/22/2015
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Colorado

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 28 year old male who sustained an industrial injury on April 22, 2015. A recent primary treating office visit dated August 26, 2015 reported subjective complaint of moderate o severe dull right ankle pain. There is note of associated swelling. Current medications consisted of: Tramadol and Tylenol, Etodolac. The following diagnoses were applied to that visit: tenosynovitis, right ankle, and right ankle strain and sprain IC ligament. The plan of care included awaiting contact from physical therapy, magnetic resonance imaging, and Orthopedics. (Right ankle pain was still noted and patient using crutches.) Follow up dated August 10, 2015 reported subjective complaint of "twisted painful, dull, moderately severe pain that is constant." (Ankle pain 50% better but still has pain and swelling in lateral aspect.) At primary follow up dated July 27, 2015 the plan of care noted: discontinue ankle boot; apply ace wrap and ankle splint; use crutches and encourage non-weight bearing; range of motion exercises; start physical therapy urgently working on range of motion and strengthening; ice application, compression and anti-inflammatory medication; orthopedic referral and undergo a magnetic resonance imaging study of right ankle. On August 26, 2015 a request was made to have a magnetic resonance imaging study be performed on right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis - Radiography (diagnostic), <http://www.ncbi.nlm.nih.gov/pubmed/11255390>.

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

**Decision rationale:** The MTUS does not address the use of MRI in ankle injury, so the ACOEM was consulted. Per the ACOEM, ankle complaints do not warrant radiographic imaging initially unless red flag symptoms are present which would include high velocity injury with swelling and deformity of the ankle, and/or neurovascular compromise. Also, radiographic imaging may be warranted if patient is over age 55 and/or has multiple injuries, and an inability to bear weight for more than 4 steps. However, if patient continues to have limitations on activity 4-6 weeks after injury, and physical findings such as swelling/effusion and/or localized pain, imaging may be used to clarify diagnosis and determine best management course, per the ACOEM. For the patient of concern, he has responded some to conservative treatments (50% improvement in pain noted), but continues to have significant limitations on use, and continues to have swelling. Based on continued symptoms and physical findings more than 4-6 weeks after injury, MRI is appropriate to clarify diagnosis and direct management at this point. The request for MRI of right ankle is medically necessary.