

<b>Case Number:</b>	CM15-0185823		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	06/01/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/01/2015
<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: Texas, California

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 38 year old female who sustained an industrial injury on June 01, 2015. A recent primary treating office visit dated August 25, 2015 reported subjective complaint of "left ankle pain." She states that "the pain has not decreased but gotten worse and she feels unstable and swollen on her left side." The assessment noted the worker with: sprain of the anterior talofibular ligament of the left ankle; sprain of the anterior tibiofibular ligament of the left ankle; joint instability of the left ankle, and hydroarthrosis of left ankle. There is noted recommendation for off-loading and immobilization in a CAM boot walker and if not healed in a few months she will require surgical repair. The plan of care is with recommendation to undergo a magnetic resonance imaging study of left ankle after two months to determine if surgery is required to repair exacerbated high ankle ligaments. Previous treatment to include: activity modification, physical therapy, anti-inflammatory medication, pain medication. On August 26, 2015 a request was made for a magnetic resonance imaging study be done on left ankle that was non-certified on September 01, 2015 by Utilization Review. The patient has had MRI of the left ankle on 6/12/15 that revealed ligament tear and X-ray of the left ankle that was normal on 6/16/15. Per the note dated 8/25/15 the patient had complaints of left ankle pain and instability. Physical examination of the left ankle revealed swelling of joint and limited range of motion. The patient had received an unspecified number of PT visits for this injury. The patient had used a CAM boot walker for this injury. The patient had used NSAIDs for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left ankle without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, MRI (magnetic resonance imaging).

**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 (updated 06/22/15), Magnetic resonance imaging (MRI).

**Decision rationale:** MRI of the left ankle without contrast. Per cited guidelines, "For most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red-flag issues are ruled out. Routine testing, i.e., laboratory tests, plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. For patients with continued limitations of activity after four weeks of symptoms and unexplained physical findings such as effusion or localized pain, especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Stress fractures may have a benign appearance, but point tenderness over the bone is indicative of the diagnosis and a radiograph or a bone scan may be ordered. 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)." The patient has had a MRI of the left ankle on 6/12/15 that revealed ligament tear. Per ODG ankle and foot guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Significant changes in objective physical examination findings since the last MRI that would require a repeat MRI study were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. The details of these conservative treatments and response to the physical therapy were not specified in the records provided. The request for MRI of the left ankle without contrast is not medically necessary.