

<b>Case Number:</b>	CM15-0187591		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/15/2015
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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 23 year old female, who sustained an industrial-work injury on 5-15-15. A review of the medical records indicates that the injured worker is undergoing treatment for lateral ligament injury of the left ankle. The previous treatments included medication including Ibuprofen, x-ray of the left ankle, physical therapy (unknown amount), off of work, and other modalities. Medical records dated (5-18-15 to 8-17-15) indicate that the injured worker complains of left foot pain along the Achilles and radiates up the calf area. There is pain and tenderness with limitation of motion and swelling in the left ankle. The symptoms are worsened with weight bearing activities and relieved with rest. She reports that she limps intermittently throughout the day. The physician indicates in the medical record dated 8-17-15 that the injured worker has started physical therapy with some improvements but remains symptomatic. Per the treating physician report dated 8-17-15 the injured worker has not returned to work as light duty is not available. The physical exam dated from (7-8-15 to 8-17-15) the left ankle exam reveals tenderness to palpation over the lateral ligaments. The injured worker walks with antalgic gait due to left ankle pain. There is grade 4 out of 5-calf muscle strength. The range of motion is dorsiflexion 15 degrees, plantar flexion 30 degrees, inversion 15 degrees and eversion 7.5 degrees. The left foot exam reveals no soft tissue swelling or tenderness. There is no mid tarsal tenderness and no sprain or pain with stressing. There is satisfactory range of motion to the toes. The physician indicates that he requesting the Magnetic Resonance Imaging (MRI) of the left ankle to guide the treatment. There are no previous diagnostic reports noted. The request for authorization date was 8-18-15 and requested service included Magnet Resonance Imaging

(MRI) of the left ankle. The original Utilization review dated 9-1-15 non-certified the request for Magnetic Resonance Imaging (MRI) of the left ankle. The patient sustained the injury when a car hit her left foot. The patient's surgical history includes bilateral eye surgery.

### **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:** Overturned

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

**Decision rationale:** Per cited guidelines, "Radiographic evaluation may also be performed if there is rapid onset of swelling and bruising; if patient's age exceeds 55 years; if the injury is high velocity; in the case of multiple injury or obvious dislocation/subluxation; or if the patient cannot bear weight for more than four steps. 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." Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery). As per cited guideline "Indications for imaging-MRI (magnetic resonance imaging): Chronic ankle pain, suspected osteochondral injury, plain films normal; Chronic ankle pain, suspected tendinopathy, plain films normal; Chronic ankle pain, pain of uncertain etiology, plain films normal." Medical records dated (5-18-15 to 8-17-15) indicate that the injured worker complains of left foot pain along the Achilles and radiates up the calf area. There is pain and tenderness with limitation of motion and swelling in the left ankle. The symptoms are worsened with weight bearing activities. She reports that she limps intermittently throughout the day. The physical exam dated from (7-8-15 to 8-17-15) the left ankle exam reveals tenderness to palpation over the lateral ligaments. The injured worker walks with antalgic gait due to left ankle pain. There is grade 4 out of 5-calf muscle strength. The patient sustained the injury due to when a car hit her left foot, which is a significant injury. The patient has chronic ankle pain. The patient has had x-ray of the left ankle. She has had PT visits and medications for this injury. A MRI of the left ankle would rule out any internal derangement, tendinopathy, or osteochondral injury. The request for MRI of the left ankle is medically necessary and appropriate for this patient at this time.