

Case Number:	CM15-0188704		
Date Assigned:	09/30/2015	Date of Injury:	02/12/2015
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old male who sustained an industrial fall injury on 02-12-2015. A review of the medical records indicated that the injured worker is undergoing treatment for right elbow fracture, derangement of right hip, lumbago and right ankle sprain and strain. The injured worker is status post right elbow surgery on 02-12-2015. According to the treating physician's progress report on 08-12-2015, the injured worker continues to experience throbbing right ankle pain rated at 7 out of 10 on the pain scale with decreased range of motion. Examination noted flexion at 30 degrees, extension at 15 degrees, inversion at 20 degrees and eversion at 10 degrees and somewhat swollen. Anterior drawer causes pain. X-rays of the right ankle performed on the day of injury noted no acute osseous abnormality of the right ankle. Prior treatments for the right ankle have included medications. Current medications were listed as Norco, Cyclobenzaprine, Naproxen, Protonix and topical creams. Treatment plan consists of pending functional capacity evaluation (FCE), urine drug screening and the current request for a right ankle magnetic resonance imaging (MRI). On 09-15-2015, the Utilization Review determined the request for the right ankle magnetic resonance imaging (MRI) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right ankle: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot chapter under Magnetic resonance imaging.

Decision rationale: The patient was injured on 02/12/15 and presents with pain in his lumbar spine, right elbow, right hip, and right ankle. The request is for a MRI OF THE RIGHT ANKLE. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is to remain off work until 09/26/15. Review of the reports provided does not indicate if the patient had a prior MRI of the right ankle. ODG guidelines, Ankle & Foot chapter under Magnetic resonance imaging (MRI) state: Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. The guidelines also state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The patient has a decreased right ankle range of motion and the anterior drawer causes pain. He is diagnosed with right ankle sprain/strain. The provided progress reports do not indicate if a prior MRI of the right ankle has been done. ODG supports the use of MRIs for ankle pain as it "provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography..." Given the patient's complaints of increase in right ankle pain, the request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.