

Case Number:	CM15-0201188		
Date Assigned:	10/16/2015	Date of Injury:	02/02/2008
Decision Date:	11/24/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 32 year old female who sustained an industrial injury on February 02, 2008. The worker is being treated for: chronic pain, ankle fracture, sprain and enthesopathy of ankle and tarsus. Lumbar spine pain, bilateral knees and feet pain, plantar fasciitis. Subjective: April 13, 2015 "a lot more back pain." She did receive ankle braces and reports using the medication sparing ling. June 05, 2015 lumbar spine, bilateral feet and bilateral knee pains. Medications: April 13, 2015 Tramadol. Diagnostic testing: MRI lumbar spine July 09, 2013, EMG nerve conduction study June 11, 2013. Treatment modalities: DME ankle braces, physical therapy with denial, home exercise program, custom orthotics, and podiatry consultation. On September 30, 2015 a request was made for MRI of left ankle that was noncertified by Utilization Review on October 07, 2015.

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, Section(s): Special Studies.

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, Magnetic resonance imaging (MRI).

Decision rationale: MTUS states regarding ankle MRI: "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. 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). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." ODG lists the below as indications for ankle MRI:-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. The available medical record notes no "red flags" pertaining to this IW's symptomology. Further, it notes no specific indication for the MRI, stating only that it would be useful to "see if there are any other abnormalities" that might be causing symptoms. Uncertainty of diagnosis is not an indication for MRI. As such, the request for MRI Right ankle is deemed not medically necessary.

MRI Left Ankle: Upheld

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

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, Magnetic resonance imaging (MRI).

Decision rationale: MTUS states regarding ankle MRI: "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. 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). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery." ODG lists the below as indications for ankle MRI:-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. The available medical record notes no "red flags" pertaining to this IW's symptomology. Further, it notes no specific indication for the MRI, stating only that it would be useful to "see if there are any other abnormalities" that might be causing symptoms. Uncertainty of diagnosis is not an indication for MRI. As such, the request for MRI Right ankle is deemed not medically necessary.

