

Case Number:	CM15-0203256		
Date Assigned:	10/20/2015	Date of Injury:	05/22/2014
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/15/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of May 22, 2014. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve a request for ankle MRI imaging. The claims administrator referenced a July 26, 2015 RFA form in its determination. The claims administrator contended the applicant had had prior MRI imaging, the results of which were unknown. The claims administrator stated his decision was based on non-MTUS Guidelines but did not incorporate the same into his rationale. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant reported ongoing issues of neck pain, elbow pain, wrist pain, hand pain, knee pain, ankle and foot pain with derivative complaints of headaches. An "updated" ankle MRI was sought to address the applicant's issues with chronic ankle pain status post earlier unspecified surgery. The treating provider stated that the applicant had seen a medical-legal evaluator and the said medical-legal evaluator had endorsed an updated MRI imaging. It was not stated how (or if) said MRI would influence or alter the treatment plan. The requesting provider was a physician assistant (PA), it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI of the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Invest Radiol. 2012 Apr; 47 (4): 231-9. DOI: 10.1097/RLI.ObO13e31823d7946.

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

Decision rationale: No, the request for MRI imaging of the ankle was not medically necessary, medically appropriate, or indicated here. The treating provider reported on August 31, 2015 that the applicant's operating diagnosis was that of ankle sprain. However, the MTUS Guideline in ACOEM Chapter 15, Table 14-5, page 375 notes that the MRI imaging scored a 0/4 in its ability to identify and define suspected ankle sprains. Here, little-to-no narrative commentary accompanied the request for authorization. It was not stated precisely what was sought. It was not stated what was suspected. It was not stated how (or if) the proposed ankle MRI would influence or alter the treatment plan. There was no mention of the applicant's intent to pursue any kind of any surgical remedy based on the outcome of the same. Rather, the requesting provider seemingly stated that he was endorsing a request for MRI imaging made by a Qualified Medical Evaluator (QME). It appeared, thus, the MRI in question had been ordered for routine evaluation purposes without any clearly formed intention of acting on the results of same. Therefore, the request is not medically necessary.