

Case Number:	CM15-0205120		
Date Assigned:	10/22/2015	Date of Injury:	08/02/2010
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, 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 48 year old female, who sustained an industrial injury on 8-2-10. The documentation on 9-8-15 noted that the injured worker has complaints of persistent left foot and ankle pain. The injured worker has persistent left ankle pain which is mostly stabbing and burning type on the medial aspect and pulling type on the lateral aspect. The injured worker has persistent right knee pain radiating to the right leg. Left ankle magnetic resonance imaging (MRI) on 10-11-12 revealed chronic sprain of the anterior talofibular ligament and calcaneo fibular ligament as there is some thickening of the ligaments; an old osteochondral lesion involving the medial aspect of talar dome and there is some nonspecific edema present in the sinus tarsi region, could represent some sinus tarsi syndrome, clinical co-relation is recommended. The injured worker has an antalgic gait noted on the left and the left ankle dorsiflexion, plantar flexion is about 5 degrees, minimal inversion noted which is associated with pain. The diagnoses have included chronic left ankle pain; osteochondritis dissecans of the talus left ankle; status post removal of loose body left ankle on 7-14-11 and history of microfracture of talus. Treatment to date has included aquatic therapy; home exercise program; lidoderm patches; status post left ankle arthroscopy with debridement of osteochondral fracture fragments 7-18-11; status post brostrom lateral ankle reconstruction left ankle dated 4-5-13; status post Osteochondral Autologous Autograft (OATS) left ankle 10-24-14; physical therapy; meloxicam; omeprazole and norco. The documentation noted that the evaluation done on 4-19-12 noted that the injured worker permanent and permanent and stationary as of 11-21-11 and the injured worker is released to regular work on 11-21-11 with no formal restriction. The original

utilization review (9-24-15) non-certified the request for computerized tomography (CT) scan of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the left ankle: Overturned

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

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

Decision rationale: According to the guidelines, further imaging is indicated for acute injuries and chronic pain if x-rays are non-diagnostic or there is greater than 13 mm effusion. In this case, the claimant had x-rays in July 2015 which indicated well healed surgery and retained hardware. The claimant had persistent pain and there was consideration for surgery. The surgery was actually performed in October 2015 to remove the hardware. Initial request for MRI of the ankle was denied. The request for the CT of the ankle is medically necessary.