

Case Number:	CM15-0020465		
Date Assigned:	02/10/2015	Date of Injury:	06/29/2013
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: 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 injured worker is a 45 year old male, who sustained an industrial injury on 6/29/2013. The diagnoses have included right ankle pain. Treatment to date has included medications, modified duty chiropractic, facet joint injections and physical therapy. Currently, the IW complains of chronic neck, back, shoulder and right ankle pain. His ankle pain has not improved. He has persistent pain in the ankle that is worse with prolonged walking or standing. He states that range of motion of the ankle causes pain. Pain is rated as 8/10. Examination of the right ankle revealed tenderness to palpation at an area inferior to the medial malleolus. Range of motion of the right ankle is decreased 20% with flexion before with extension and foot with inversion and eversion. Anterior drawer test is negative. On 1/15/2015, Utilization Review non-certified a request for magnetic resonance imaging (MRI) of the right ankle noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/03/2015, the injured worker submitted an application for IMR for review of a right ankle MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: MTUS Guidelines support the use of MRI studies when the ankle has delayed recovery and there is a clinical suspicion of an osteochondral lesion. This individual qualifies for an ankle MRI per Guidelines standards. The MRI of the right ankle is medically necessary.