

<b>Case Number:</b>	CM15-0022847		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 31-year-old female who reported injury on 01/17/2014. The mechanism of injury was the injured worker was walking down some stairs and turned to the left, at which time she missed the pavement and turned her ankle and fell onto her back. The injured worker underwent acupuncture treatments. The documentation of 10/15/2014 revealed the injured worker had left ankle and foot pain as well as numbness and weakness. The injured worker had palpable tenderness in the left foot, in the ankle, and in the dorsal and medial sides. The diagnoses included left fibula avulsion. The treatment plan included a left ankle MRI. The original date of service was 08/29/2014. The injured worker was diagnosed with a small fracture of the ankle per x-ray. The subsequent documentation of 12/23/2014 revealed the injured worker had significant pain in the left ankle. The injured worker had swelling. Medications were stated to be none. The physical examination of the left ankle revealed tenderness in the ankle region. The injured worker had strength that was intact in the bilateral lower extremities. The injured worker had a mildly antalgic gait due to ankle pain. There was some visible swelling in the area of the left ankle. There was pain in the joint line region with noted anterolateral aspect of swelling as well as some swelling in the contralateral side. The injured worker had decreased range of motion due to pain. The injured worker underwent x-rays with no significant fracture. The diagnosis included chronic left ankle pain, rule out ligamentous damage versus osteochondral defect. The treatment plan included an MRI of the ankle as there may be significant soft tissue injury. The x-rays did not show bony abnormalities.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Left Ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle/Foot, Repeat MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that for most injured worker's presenting with true foot and ankle disorders, special studies are 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. Additionally, they indicate that disorders of the soft tissue that yield negative radiographs do not warrant other studies. An MRI may be helpful to clarify a diagnosis such as osteochondritis desiccans in the cases of delayed recovery. The clinical documentation submitted for review indicated the injured worker had undergone chiropractic care and ankle injections. The documentation indicated the request was made to rule out ligamentous damage versus and osteochondral defect. Additionally, there were objective findings upon physical examination including the injured worker had an antalgic gait, the injured worker had visible swelling in the area of the left ankle, and had the pain in the joint line in the anterolateral aspect as well as some swelling on the contralateral side. There was a loss of range of motion. The ankle x-rays revealed no significant fractures. This request would be supported. Given the above and the documentation of negative radiologic studies, as well as continued symptomatology and objective findings, the request for MRI of the left ankle is medically necessary.