

Case Number:	CM15-0215329		
Date Assigned:	11/05/2015	Date of Injury:	08/10/2015
Decision Date:	12/18/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 46 year old female who sustained an industrial injury on 8-10-15. A review of the medical records indicates that the worker is undergoing treatment for a left leg contusion. Subjective complaints (9-30-15) include pain in and around the left ankle, therapy is helping, no pain at the knee, and (10-14-15) include pain predominately in and around the ankle and from the toes to the knee and swelling at the end of the day. The worker reports walking from the parking area to her work station increases the pain. Objective findings (10-14-15) include strength testing at toes, ankles, and knees are symmetric in left versus right comparison, is able to stand on tiptoes and heels, reflexes are symmetric at the knee and ankle, and there is tenderness to palpation of the forefoot into the ankle and both anterior joint lines, medial and lateral malleolus over the Achilles into the gastrocnemius. Ankle range of motion is full but with complaint of pain, no distinct instability, no instability overlying the left knee, no obvious effusion and with axial loading of the leg, there is no pain with the knee fully extended, however, there is complaint of ankle pain. Pain is noted to be widespread but that it seems to be localized to the ankle with pain with axial loading and any movement or palpation. Work status was noted as modified work. The treatment plan includes Ibuprofen 600mg #40, therapy, ice, elevation and notes the "symptoms duration and severity are unanticipated and a mismatch to the injury itself. This is a formal request for MRI of the left ankle with specific attention towards the ankle for osteochondral defect, peroneus brevis tendon injury, Achilles injury or occult fracture." A request for authorization for MRI of the left ankle without contrast is dated 10-15-15. Previous

treatment includes physical therapy, stretching-exercise, heat and ice, and Ibuprofen. The treatment of MRI of the left knee was non-certified on 10-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the Left Knee without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, web edition.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, MRI knee.

Decision rationale: Pursuant to the Official Disability Guidelines, outpatient magnetic resonance imaging left knee without contrast is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. Repeat MRI, postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnosis is left leg contusion. Date of injury is August 10th 2015. Request for authorization is dated October 15, 2015. According to an October 14, 2015 progress note, the injured worker has pain in and about the left ankle. Pain radiates from the toes up to the knee. Injured worker is ambulatory and completed a course of physical therapy. Objectively, there is tenderness to palpation at the forefoot. There is tenderness of the anterior, medial and lateral malleolus of the Achilles. There is no instability of the knee. There is no effusion of the knee. The documentation contains a request for an MRI of the ankle. There is no clinical indication or rationale in the medical record for an MRI of the left knee without contrast. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation directed at the left ankle and no clinical indication or rationale for an MRI of the left knee, outpatient magnetic resonance imaging left knee without contrast is not medically necessary.