

Case Number:	CM15-0216578		
Date Assigned:	11/06/2015	Date of Injury:	04/29/2012
Decision Date:	12/18/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old male, who sustained an industrial injury on April 29, 2012. The injured worker was diagnosed as having status post remote right shoulder arthroscopy, impending adhesive capsulitis of the right shoulder, and cervical pain with upper extremity symptoms. Treatment and diagnostic studies to date has status post right shoulder arthroscopy, use of a transcutaneous electrical nerve stimulation unit, medication regimen, physical therapy, injection, home exercise program, laboratory studies, use of ankle brace, and shockwave therapy. In a progress note dated September 25, 2015 the treating physician reports complaints of pain to the cervical spine that radiates to the bilateral upper extremities. Examination performed on September 25, 2015 was revealing for tenderness to the right shoulder, decreased range of motion to the right shoulder, decreased motor strength to the right shoulder, tenderness to the left ankle at the lateral side, pain with range of motion to the foot and ankle, tenderness to the cervical spine, and decreased range of motion with pain. The injured worker's pain level on September 25, 2015 was rated a 5 out of 10 to the right shoulder and the cervical spine and rated the pain to the left ankle a 6 out of 10. The medical records provided did not indicate prior radiology studies to the left ankle. On September 25, 2015, the treating physician requested Magnetic resonance imaging (MRI) of the left ankle to rule out osteochondral defect or ligamentous pathology. On October 28, 2015, the Utilization Review determined the request for magnetic resonance imaging of the left ankle to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the left ankle to rule out osteochondral defect or ligamentous pathology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability Guidelines (ODG), Foot and Ankle (Acute and Chronic) - Magnetic Resonance Imaging (MRI).

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

Decision rationale: The request in this injured worker with chronic ankle pain is for a MRI of the left ankle. The records document a physical exam with pain with range of motion but no red flags or indications for immediate referral or imaging. Disorders of soft tissue (such as tendinitis, metatarsalgia, fasciitis, and neuroma) yield negative radiographs and do not warrant other studies, e.g., magnetic resonance imaging (MRI). Magnetic resonance imaging may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. In the absence of physical exam evidence of red flags or physical exam evidence of an anatomic abnormality, a MRI of the left ankle is not medically necessary. The medical necessity of an ankle MRI is not substantiated in the records.