

Case Number:	CM15-0222717		
Date Assigned:	11/18/2015	Date of Injury:	11/16/2014
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/12/2015

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 35 year old female injured worker suffered an industrial injury on 11-16-2014. The diagnoses included chronic regional pain syndrome, tibial stress fracture, and deltoid ligament sprain and ankle osteochondral injury. On 10-29-2015 the provider reported the maximum pain severity was 6 to 7 out of 10 to the left ankle. The left foot and ankle experienced hot and cold sensation. She had been going to physical therapy and aquatherapy. On exam there was tenderness at the left ankle and foot. She was using orthotics and an ankle brace. Diagnostics included left ankle MRI 4-2015 and Ultrasound. Request for Authorization date was 10-30-2015. Utilization Review on 11-6-2015 determined non-certification for MRI of the Left Ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot, MRI.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI left ankle is not medically necessary. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joints capsule, menisci and joint cartilage structures that x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of patients with heel pain can be treated conservatively, but cases requiring surgery MR imaging is useful. MRI reliably detects acute tears of the anterior talo-fibular ligament and calcanealfibular ligament. Indications for MRI imaging include, but are not limited to, chronic ankle pain, suspect osteochondral injury with normal plain films; suspected tendinopathy, plain films normal; pain of uncertain etiology, plain films normal; etc. See the guidelines for additional details. In this case, the injured workers working diagnoses are chronic regional pain syndrome; posterior tibial tendinitis; deltoid ligament sprain; and ankle osteochondral injury. Date of injury is November 16, 2014. Request for authorization is October 30, 2015. According to an October 29, 2015 progress note, the injured worker indicates pain is 7/10 and wears orthotics. Physical therapy and aquatic therapy are active treatments. Objectively, motor function is 4/5 and there is tenderness over the left antero-medial ankle. An MRI of the left ankle was performed April 27, 2015 that show distal tibial contusion with marrow edema and microfracture, anterior tibio-talar osteochondral injury, tibio-talar ligament sprain, joint diffusion, FHL tended edema and soft tissue edema. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The treating provider is requesting a repeat left ankle MRI for comparison purposes only. There is no clinical rationale or clinical indication other than for comparison purposes to repeat the MRI of left ankle. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, MRI left ankle is not medically necessary.