

Case Number:	CM15-0039243		
Date Assigned:	03/09/2015	Date of Injury:	01/13/2015
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old female, who sustained an industrial injury on 1/13/15. She has reported injury to right leg/hip and calf injury after tripping over a milk crate. The diagnoses have included right ankle injury/ right ankle sprain. Treatment to date has included medications, rest, diagnostics, and hot and cold packs. Currently, as per the physician progress encounter note dated 2/9/15, the injured worker complains of ongoing swelling pain in the right ankle with minimal improvement and right hip pain that radiates to the right lateral thigh which was worsening. She also complains of ankle pain, swelling and bruising with decreased range of motion and difficulty bearing weight. The current medications were noted to include Hydrocodone and Tramadol for pain and Naproxen. The physical exam of the hip revealed normal range of motion. The ankle exam revealed tenderness and pain to palpation, decreased strength and tone and abnormal range of motion. Treatment plan was for medications and Magnetic Resonance Imaging (MRI) of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast right ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The ACOEM Chapter 14 on Ankle and Foot Complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, the injured worker continues to have pain, decreased range of motion and decreased function despite conservative measures. Prior x-ray of ankle is within normal limits. A request to further delineate the etiology of the ankle pain appears warranted and necessary. Therefore at this time the requirements for treatment have been met, and medical necessity has been established.