

<b>Case Number:</b>	CM15-0046755		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/22/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, Hawaii  
 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 45 year old female, who sustained an industrial injury on 8/22/14 to the neck, low back and right ankle after falling down a flight of steps. The diagnoses have included right ankle fracture, cervical strain, head injury and paraesthesia of arm. Treatment to date has included medications, air cast, diagnostics, activity modifications, and physical therapy. Currently, as per the physician progress note dated 2/23/15, the injured worker complains of right ankle pain that was rated 5/10 on pain scale which was aggravated by activity. It was noted that this limits her ability to stand for long periods of time. The x-ray of the right ankle dated 10/30/14 revealed no definite acute fracture and deformity of the lateral malleolus likely related to remote trauma. The right ankle inspection revealed moderate pain to palpation, right ankle inversion is decreased due to pain, anterior/posterior ligament stability tests reproduce painful; symptoms with guarding over the right anterolateral ankle. The strength of the right ankle is decreased compared to the left and the heel and toe walk cause significant complaints of pain in the right ankle area. There were no current medications noted. The physician noted that the injured worker was interested in any treatment to improve the right ankle complaints. She has ongoing pain complaints, abnormal physical exam findings, increased ligamentous laxity on inversion and weakness. The physician requested treatment was for an MRI right ankle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI right ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle chapter MRI.

**Decision rationale:** The patient presents with right ankle pain. The current request is for MRI right ankle. The treating physician states, "She has ongoing complaints, abnormal physical examination findings, increased ligamentous laxity on inversion, and weakness. To end this, an MRI is being requested and a second opinion orthopedic surgeon consultation. An MRI is necessary as she has chronic injuries." (17B) The treating physician goes onto state that the patient has ligamentous laxity with pain to palpation and that she may have talofibular ligament injury and that the patient has anterolateral ankle tenderness. An x-ray was taken of the right ankle on 10/30/14 (58B) which showed a deformity of the lateral malleolus. The ODG guidelines support ankle MRI's if, "Chronic ankle pain, suspected osteochondral injury, plain films normal, chronic ankle pain, suspected tendinopathy, plain films normal, Chronic ankle pain, pain of uncertain etiology, plain films normal, Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular, Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndromem chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected." In this case, the treating physician has documented that the patient has had an abnormal X-Ray and the patient has navicular tuberosity tenderness which has been unresponsive to conservative therapy, such as physical therapy (16B). The current request is medically necessary.