

<b>Case Number:</b>	CM15-0050661		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	08/23/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 55-year-old male who sustained an industrial injury on 8/23/2007. His diagnoses, and/or impressions, include arthritis; foot/ankle joint pain with mild ankle sprain. No recent magnetic resonance imaging studies are noted. His treatments have included physical therapy; aqua therapy. The physician reported in the progress notes of 2/13/2015, that he had recurrent episodes of swelling and instability with frequent rolling of the ankle, even in his work boots. The physician's requests for treatment included magnetic resonance imaging studies of the right ankle, without contrast, to evaluate the integrity of the lateral ankle ligament complex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right ankle without contrast:** Upheld

**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 Page(s): 372-373.

**Decision rationale:** The MTUS ACOEM Guidelines state that for foot or ankle injuries/disorders, special studies are usually not needed until after a period of conservative care and observation. Routine testing is not recommended during the first 4-6 weeks or activity limitation except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Imaging, such as MRI, may be considered after this initial period of conservative care and observation if there is continued limitation of activity and unexplained physical findings such as effusion or localized pain, especially following exercise, in order to help clarify the diagnosis and assist reconditioning. In the case of this worker, there was a history of ankle instability with ankle sprains. Recent documentation included the worker reporting ongoing right ankle instability, even while wearing a boot at work. However, the physical findings did not corroborate this subjective report, showing no instability or tenderness which might have helped justify an MRI of the right ankle. Therefore, the right ankle MRI is not medically necessary.