

Case Number:	CM15-0052981		
Date Assigned:	03/26/2015	Date of Injury:	04/23/2013
Decision Date:	05/01/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 35-year-old who has filed a claim for ankle, knee, neck, and low back pain reportedly associated with an industrial injury of April 23, 2013. In a Utilization Review report dated March 16, 2015, the claims administrator failed to approve a request for ankle MRI imaging. The claims administrator referenced an RFA form received on March 5, 2015. The claims administrator did not incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In an RFA form dated February 27, 2015, ankle MRI imaging was proposed. In an associated progress note of the same date, February 27, 2015, applicant reported multifocal complaints of low back, ankle, and knee pain. The applicant was placed off of work, on total temporary

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) magnetic resonance imaging (MRI) of right ankle as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 374.

Decision rationale: No, the proposed ankle MRI was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 14, page 374 does acknowledge that MRI imaging may be helpful to clarify a diagnosis of delayed recovery such as osteochondritis dissecans, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The February 27, 2015 progress note in question was sparse, thinly developed, handwritten, and not altogether legible. It was not stated how the proposed ankle MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.