

Case Number:	CM15-0053462		
Date Assigned:	03/26/2015	Date of Injury:	02/26/2003
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 injured worker is a 46 year old female, who sustained an industrial injury on 2/26/2003. She reported injury from repetitive motions. The injured worker was diagnosed as status post anterior cervical discectomy and fusion with painful hardware and dysphagia and post laminectomy syndrome, cervicgia, cervical spine discopathy and right ankle fracture with open reduction-internal fixation. Cervical magnetic resonance imaging showed cervical multilevel degenerative disc disease with mild to moderate stenosis and prior fusion. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/2/2015, the injured worker complains of neck pain, difficulty swallowing and right ankle pain. The treating physician is requesting right knee magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 334-335. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot, Magnetic resonance imaging (MRI).

Decision rationale: Per ODG, indications for MRI of the ankle are as follows: 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, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable, Chronic foot pain, burning pain and paresthesias along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome, Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected, Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient had prior MRI of the ankle in May 2014. There was no significant change in the symptoms or physical examination, no red flags, and no new acute injury. MRI of the ankle is not indicated. The request should not be authorized.