

Case Number:	CM15-0057670		
Date Assigned:	04/02/2015	Date of Injury:	12/18/2014
Decision Date:	05/11/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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, Florida
 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 male, who sustained an industrial injury on 12/18/2014. He reported that his left ankle gave out. The injured worker was diagnosed as having ankle sprain and ankle instability left. As of a progress report dated 02/25/2015, the injured worker was seen in follow up for left ankle pain. Treatments have included physical therapy. The injured worker reported that there had been no further episodes of the ankle giving out since December. On physical examination the range of motion, muscle strength and neurology tests of the left ankle and foot was reported as normal. X-rays were negative. Treatment plan included continue physical therapy, full duty and MRI. The Injured Worker utilizes Ibuprofen medication when necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left ankle: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Ankle and Foot.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI investigation can be utilized for the evaluation of musculoskeletal conditions when the in the presence of neurological deficit or when the plain X-ray is inconclusive. The records did not indicate deterioration of the left ankle condition. There was absence of objective findings in the range of motion, motor function and sensory examination of the left ankle. The patient had returned to full time duty and is now utilizing OTC ibuprofen when necessary. The criteria for MRI of the left ankle was not met and the request is not medically necessary.