

Case Number:	CM15-0082056		
Date Assigned:	05/04/2015	Date of Injury:	08/05/2013
Decision Date:	06/02/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 female who sustained an industrial injury to her right ankle on 08/05/2013. The injured worker was diagnosed with right ankle lateral ligament injury with anterolateral soft tissue impingement. Treatment to date includes diagnostic testing, conservative measures and work hardening completion along with unspecified medication pain control. According to the primary treating physician's progress report on March 26, 2015, the injured worker was re-evaluated for her right ankle injury. Examination of the right ankle demonstrated mild generalized ligamentous laxity with tenderness to palpation over the lateral and anterolateral joint line. There was no evidence of soft tissue swelling, effusion, instability, subluxation and syndesmosis. Special testing was negative. Range of motion and right calf muscle strength was diminished. The right foot had no evidence of tenderness or swelling. The right knee and hip demonstrated no tenderness, swelling, full range of motion with mild patellofemoral crepitation. Current medications were not documented. Treatment plan consists of range of motion exercise, soft tissue modalities and strengthening instructions, orthopedic ankle specialist consultation, possible arthroscopy and the current request for a magnetic resonance imaging (MRI) right ankle. A report dated October 27, 2014 indicates that a CT scan of the right ankle was performed on September 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the left ankle, Occupational Medicine this Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery, MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, it appears the patient has undergone imaging of the ankle at the end of last year. It is unclear how the patient's symptoms or findings have changed since that time. Additionally, it appears the patient has been recommended to see a foot/ankle specialist. It seems reasonable to allow the consulting physician to review the current imaging studies, perform a physical examination, and determine if additional imaging may be necessary, prior to engaging in further diagnostic evaluation. Additionally, it is unclear how the currently requested MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested MRI of the right ankle is not medically necessary.