

Case Number:	CM15-0084280		
Date Assigned:	05/06/2015	Date of Injury:	03/11/2014
Decision Date:	06/04/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/02/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 21 year old female who sustained an industrial injury on 03/11/2014. Current diagnoses include status post injury to the left ankle and crush injury with residuals. Previous treatments included medication management and brace. Report dated 03/03/2015 noted that the injured worker presented with for follow up of left ankle injury that occurred almost one year ago. The injured worker stated that she is still restricted with use and is still not able to do certain activities. Pain level was not included. Physical examination was positive for pain with range of motion and complaints of weakness and stiffness in the ankle. The treatment plan included further therapy, request for MRI, and follow up in six weeks. Disputed treatments include MRI of the left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for The Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361 - 382.

Decision rationale: The patient is a 21 year old female who had a left ankle crush injury on 03/11/2014. On 03/03/2015 she had restricted range of motion of the left ankle and stiffness. There is no documentation of any red flag signs or recent injury. There is no documentation of progression of symptoms and new findings. She does not meet MTUS, ACOEM guidelines for a MRI. The symptoms and findings suggest further implementation of a home exercise program, not a MRI. The request is not medically necessary.