

Case Number:	CM15-0087435		
Date Assigned:	05/11/2015	Date of Injury:	07/31/2014
Decision Date:	06/17/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/06/2015

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: Family Practice

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 36 year old male, who sustained an industrial injury on 7/31/2014. The current diagnoses are left ankle sprain/strain, tendinosis, deltoid and medial collateral ligaments, left ankle, early post traumatic degenerative arthrosis of the left ankle, and history of previous left ankle surgery, not related to this incident. According to the progress report dated 3/10/2015, the injured worker complains of persistent and increasing pain and stiffness to his left ankle, made worse with his work activities. The level of pain is not rated. The physical examination of the left ankle reveals induration and trace swelling over the medial and lateral aspects. There is tenderness to palpation over the medial joint line, the deltoid ligament, and the medial collateral ligament. Range of motion is limited. The current medications are Ibuprofen and Naprosyn. Treatment to date has included medication management, x-rays, MRI studies (10/27/2014), physical therapy, and home exercise program. The plan of care includes repeat 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:

Repeat request for an MRI of the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter - Ankle, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot Chapter.

Decision rationale: Per the Official Disability Guideline's, ankle and foot chapter, repeat magnetic resonance imaging 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 injured worker is status post magnetic resonance imaging on 10/27/14 and there is no evidence of re-injury, red flags or significant change in symptoms to support updated imaging. The request for Repeat request for an MRI of the left ankle is not medically necessary and appropriate.