

Case Number:	CM15-0087501		
Date Assigned:	05/11/2015	Date of Injury:	07/22/2014
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old male, who sustained an industrial injury on 7/22/2014. He reported falling and hearing his ankle crack. The injured worker was diagnosed as having pain in limb, reflex sympathetic dystrophy of lower limb, and insomnia. Treatment to date has included conservative measures, including magnetic resonance imaging of the left ankle (9/17/2014 showing subacute posterior malleolar fracture, mild to moderate tibiotalar effusion, and mild Achilles tendinosis), physical therapy, ankle support, acupuncture, left lumbar paravertebral sympathetic blockade (12/02/2014), and medications. Electrodiagnostic testing of the lower extremities (2/10/2015) was normal. Computerized tomography of the left ankle (10/30/2014) showed a healing posterior malleolar fracture and mild degenerative changes at the tibiotalar joint. Currently, the injured worker complains of bilateral low back pain with subsidence of pain in the lower extremity (since lumbar injection). He reported that he had piercing pain, edema, numbness, mild weakness, touch and temperature sensitivity, and partial weight bearing. Pain was rated 6/10. His gait was crouched and he was wearing a boot, favoring his left leg. Hypersensitivity and allodynia in the left ankle were noted. Motor strength was 5/5 in the lower extremities bilaterally. The treatment plan included a repeat magnetic resonance imaging 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 of the left ankle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 360.

Decision rationale: This 50 year old male has complained of ankle pain since date of injury 7/22/14. He has been treated with acupuncture, medications and nerve block. The current request is for an MRI of the left ankle. The available medical records document that an MRI of the ankle was performed 6 months prior to the current request. There is no documentation of significant interval change in the patient's symptoms or examination, nor red flags reported that would support the necessity of an additional MRI of the ankle at this time. On the basis of the available medical documentation and per the ACOEM guidelines cited above, MRI of the left ankle is not indicated as medically necessary.