

Case Number:	CM15-0089731		
Date Assigned:	05/14/2015	Date of Injury:	08/27/2014
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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, 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:

This is a 29-year-old male patient, who sustained an industrial injury, August 27, 2014. He sustained the injury when he got the right foot caught in the scaffolding plank wooden pallet-type material. The diagnoses include right ankle pain, low back pain, and upper back numbness right ankle closed fracture, pain in the right side of the knee and right ankle sprain. According to progress note of April 21, 2015, he had complaints of pain in the right lower extremity, due to an injury to the right ankle. The pain was aggravated by walking, prolonged standing and worse in the evening. He occasionally wears an ace bandage. The physical exam of the right ankle noted generalized tenderness over the anterior aspect of the right ankle joint along the course of the posterior tibial tendon into the insertion, mild erythema without significant edema, full and painless range of motion, normal muscle tone, neurologic testing and reflexes. The medications list includes Naproxen, flexeril and Tramadol. He has had original MRI of the right ankle on 12/8/14 which revealed ankle joint effusion; right ankle X-rays dated 10/27/14 which revealed normal findings and bone scan which was positive. He has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Ankle & Foot (updated 03/26/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI of the right ankle. Per the cited guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Patient has already had right ankle MRI on 12/8/14, which revealed ankle joint effusion. This MRI report is not specified in the records provided. Evidence of significant change in symptoms and/or findings suggestive of significant pathology since the last MRI that would require repeat MRI is not specified in the records provided. Response to previous conservative therapy, including physical therapy, pharmacotherapy, modified activity, for the right ankle is not specified in the records provided. The medical necessity of a MRI of the right ankle is not medically necessary in this patient at this time.