

Case Number:	CM14-0116988		
Date Assigned:	08/11/2014	Date of Injury:	05/19/2014
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 05/17/2014. The injury reportedly occurred when the injured worker pulled a piece of furniture which struck her on the right ankle. She is diagnosed with right ankle swelling and tenosynovitis, and right foot pain and swelling. Her past treatments were noted to include medications, use of a TENS unit, orthotics, cold/hot pack applications, and activity modification. X-rays of the right foot and ankle were obtained on 05/28/2014 and were noted to be normal. On 07/03/2014, the injured worker presented with complaints of pain about the lateral aspect of her right foot and ankle with radiating pain up the right leg. It was also noted that she had pain with attempted weight bearing, squatting, kneeling, or walking on an uneven terrain. Her physical examination revealed significant swelling over the lateral aspect of the right ankle and marked tenderness to palpation. She was also noted to have pain on inversion, eversion and dorsiflexion. Her medications included Anaprox, Tramadol and Protonix. The treatment plan included an MRI of the right ankle. The MRI was recommended to rule out lateral ligamentous complex injury versus bone contusion of the right ankle. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)MRI: Indications for imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The request for MRI right ankle is not medically necessary. According to The California MTUS/ACOEM Guidelines, special studies and diagnostic testing are not usually needed until after a period of conservative care and observation once red flag issues have been ruled out. However, the guidelines state that disorders of the soft tissue yield negative radiographs and do not warrant other studies, but MRI may be helpful to clarify a diagnosis such as osteochondritis dissecans in cases of delayed recovery. The clinical information submitted for review indicated that the injured worker had right ankle and foot pain. At her initial evaluation on 05/28/2014, it was noted that x-rays were normal and she was recommended for physical therapy. However, further documentation was not submitted to indicate that she had tried and failed an adequate course of physical therapy. She was noted, on 07/03/2014, to have been treated with medications and a TENS unit. Her physical examination revealed significant swelling and tenderness to palpation, as well as pain with range of motion. A recommendation was made for an MRI to rule out lateral ligamentous complex or bone contusion of the right ankle. However, the guidelines state that MRI is indicated only for patients with osteochondritis dissecans who have delayed recovery. As there was insufficient documentation submitted to indicate that she has tried and failed an adequate course of initially recommended conservative therapy, including physical therapy and exercise, in addition to medications, the need for additional studies cannot be established. She was not shown to have red flag conditions on physical examination and x-rays had been normal. Therefore, the necessity of an MRI of the right ankle cannot be established. As such, the request is not medically necessary.